

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90169 045 ***150.00

DOCUMENT # P96000030824

1. Entity Name
BOB GWITZ-BOB GWIZDALA REUPHOLSTERY, INC.

Principal Place of Business

38 MILDRED DR
FORT MYERS FL 33901

Mailing Address

38 MILDRED DR
FORT MYERS FL 33901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0655817

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GWIZDALA, ROBERT L
38 MILDRED DR
FORT MYERS FL 33901

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPST ☐ Delete
NAME GWIZDALA, ROBERT L
STREET ADDRESS 1636 W15 KEY CREEK
CITY-ST-ZIP FT. MYERS FL 33919

TITLE VPD ☒ Delete
NAME FLEENER, ROGER
STREET ADDRESS 1936 PARK MEADOW
CITY-ST-ZIP FT. MYERS FL 33907

TITLE D ☒ Delete
NAME WILLIAMS, DAVE
STREET ADDRESS 1941-1 PARK MEADOW
CITY-ST-ZIP FORT MYERS FL 33907

TITLE D ☒ Delete
NAME PHENESSIC, JAMES
STREET ADDRESS 1941-1 PARK MEADOW
CITY-ST-ZIP FORT MYERS FL 33907

TITLE P ☐ Delete
NAME BWIZDALA, NANCY
STREET ADDRESS 1636 WIGKEY CREEK
CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS PHENESSIC
CITY-ST-ZIP 38 MILDRED DR
 FT MYERS FL 33901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)