

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001935

1. Entity Name

HURT & MALUCH INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90177 029 ***150.00

Principal Place of Business

Mailing Address

8800 49 STREET NO #406-3
PINELLAS PARK FL 33782

19321 US HWY 19 NORTH
SUITE C 601
CLEARWATER FL 33764-3169

2. Principal Place of Business

19321-C US HWY 19N

3. Mailing Address

19321-C US HWY 19 N

Suite, Apt. #, etc.

STE 601

Suite, Apt. #, etc.

STE 601

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33764

Country

Zip

33764

Country

4. FEI Number

59-3422628

Applied For

Not Applicable

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

GAJOWCZYK, PAWEL
19321 US HIGHWAY 19 NORTH
SUITE C 601
CLEARWATER FL 33764

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, 2000 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 P ☐ Delete
NAME GAJOWCZYK, PAWEL
STREET ADDRESS 192 KENT STREET, #1RR
CITY-ST-ZIP BROOKLYN NY 11222

TITLE P ☒ Change ☐ Addition
NAME GAJOWCZYK PAWEL
STREET ADDRESS 4036 CROCKERS LAKE BLVD APT 923
CITY-ST-ZIP SARASOTA FL 34238

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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 (9/99)