

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000094234****1. Entity Name**
ALKA PAINTING CO., INC.**FILED**
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91345 050 ***150.00

Principal Place of Business**Mailing Address****4371 50TH STREET SOUTH**
ST. PETERSBURG FL 33711**4371 50TH STREET SOUTH**
ST. PETERSBURG FL 33711**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3474874

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**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Delete
NAME	LESZCZYNSKI, ZIBIGNIEW	
STREET ADDRESS	4371 50TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THOMAS, MARK	
STREET ADDRESS	523 LAKE HILL LN	
CITY-ST-ZIP	LARGO FL 34641	
TITLE		<input type="checkbox"/> Delete
NAME		
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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

2-26-01

Date

727-867-6625

Daytime Phone #

CR2E034 (10/00)