

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90859 029 ***150.00

DOCUMENT # 897000097269

1. Entity Name

JOZEF & ANIELA SERVICES INC.

Principal Place of Business

24 SOUTH FREDERICA AVE
 STE #6
 CLEARWATER FL 33756

Mailing Address

24 SOUTH FREDERICA AVE
 STE #6
 CLEARWATER FL 33756

2. Principal Place of Business

2468 FLORENTINE WAY

3. Mailing Address

2468 FLORENTINE WAY

Suite, Apt. #, etc.

APT 60

Suite, Apt. #, etc.

APT 60

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33763

Country

Zip

33763

Country

4. FEI Number

59-3476682

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PRZYBYSZ ANIELA
 24 SOUTH FREDERICA AVE #6
 CLEARWATER FL 33756

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, 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

TITLE
 NAME: JOZEF BRZOSTOWSKI ☐ Delete
 STREET ADDRESS: 24 SOUTH FREDERICA AVE #6
 CITY-ST-ZIP: CLEARWATER FL 33756

TITLE
 NAME: ☐ Delete
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE
 NAME: ☐ Delete
 STREET ADDRESS:
 CITY-ST-ZIP:

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 NAME: ☐ Delete
 STREET ADDRESS:
 CITY-ST-ZIP:

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

CR2E034 (9/99)

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #