

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052617

1. Entity Name

JOSEPH & RICHARD CORPORATION

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90124 043 ***150.00

944800



DO NOT WRITE IN THIS SPACE

Principal Place of Business
19321-C US HWY 19 N. STE 601
CLEARWATER FL 33764

Mailing Address
19321-C US HWY 19 N. STE 601
CLEARWATER FL 33764-3102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3517145

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

GAWRON, MARY
19321-C US HWY 19 N, STE 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
NAME STACHOWSKI, JAKUB
STREET ADDRESS 13535 VALERIO ST, APT 226
CITY-ST-ZIP VAN NUYS CA 91405 ☐ Delete

TITLE
NAME JAKUB STACHOWSKI
STREET ADDRESS 9810 NZELZAH AVE #346
CITY-ST-ZIP NORTHRIODE, CA 91325 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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: *Jakub Stachowski*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.13.00
Date Daytime Phone #

CR2E034 (9/99)