

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068807

1. Entity Name

KOSHAK ARCHITECTURE & ENGINEERING, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90075 014 ***150.00

Principal Place of Business

Mailing Address

2947 S. ATLANTIC AVE., #306
 DAYTONA BEACH SHORES FL 32118

2947 S. ATLANTIC AVE., #306
 DAYTONA BEACH SHORES FL 32118-6005

2. Principal Place of Business

3. Mailing Address

1200 N. CENTRAL AVE.

1200 N. CENTRAL AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

209 B

209 B

City & State

City & State

KISSIMMEE

KISSIMMEE

Zip

Country

Zip

Country

34741

USA

34741

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3553796

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)

KOSHAK, YAHYA H
 2947 S. ATLANTIC AVE., #306
 DAYTONA BEACH SHORES FL 32118

1200 N. CENTRAL AVE.

SUITE 209 B

City

KISSIMMEE

FL

Zip Code

34741

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	DPST	<input type="checkbox"/> Delete
NAME	KOSHAK, YAHYA H	
STREET ADDRESS	2947 S. ATLANTIC AVE., #306	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1200 N. CENTRAL AVE., SUITE 209B	
CITY-ST-ZIP	KISSIMMEE, FL 34741	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN L. MYERS	
STREET ADDRESS	115 S. PALMETTO AVE.	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

JOHN L. MYERS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00
 Date

904-252-0089
 Daytime Phone #

CR2E034 (9/99)