

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90125 043 ***150.00

DOCUMENT # P98000081378

1. Entity Name
J.G. SOYKA INC.

Principal Place of Business

~~751 PINELLAS BAYWAY~~
~~STE 103~~
~~TIERRA VERDE FL 33715~~

Mailing Address

~~751 PINELLAS BAYWAY~~
~~STE 103~~
~~TIERRA VERDE FL 33715~~

2. Principal Place of Business

18534 Avocet Drive
 Suite, Apt. #, etc.

3. Mailing Address

18534 Avocet Drive
 Suite, Apt. #, etc.

City & State

Lutz, Florida

City & State

Lutz, Florida

4. FEI Number

59-3409085

Applied For

Not Applicable

Zip
33558

Country
USA

Zip
33558

Country
USA

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

SOYKA, JOHN

~~751 PINELLAS BAYWAY~~
~~#103~~
~~TIERRA VERDE FL 33715~~

Name

Street Address (P.O. Box Number is Not Acceptable)

18534 Avocet Drive

City

Lutz

FL

Zip Code

33558

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, 2002 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 **D** ☐ Delete
NAME **SOYKA, JOHN (OK)**
STREET ADDRESS **751 PINELLAS BAYWAY #103**
CITY-ST-ZIP **TIERRA VERDE FL 33715**

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS **18534 Avocet Drive**
CITY-ST-ZIP **Lutz, Florida 33558**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-02

Date

813 264 7100

Daytime Phone #

CR2E034 (9/01)