

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096112

1. Entity Name

KURT DOMBROSKI ROOFING CONTRACTOR, INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90059 021 ***150.00

Principal Place of Business

14605 49TH ST N
UNIT 24
CLEARWATER FL 33770

Mailing Address

14605 49TH ST N
UNIT 24
CLEARWATER FL 33770

2. Principal Place of Business

3517 CYPRESS TERRACE

Suite, Apt. #, etc.

3. Mailing Address

3517 CYPRESS TERRACE

Suite, Apt. #, etc.

City & State

PINELLAS PARK, FLORIDA

City & State

PINELLAS PARK, FLORIDA

Zip

33781

Country

Zip

33781

Country

4. FEI Number

59-3558965

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

DOMBROSKI, KURT
200 ARBOR DR., PALM HARBOR
CLEARWATER FL 34683

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 KURT DOMBROSKI - PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

APRIL 10, 2001

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME DOMBROSKI, KURT
STREET ADDRESS 200 ARBOR DR., PALM HARBOR
CITY-ST-ZIP CLEARWATER FL 34683

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 information.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)