

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90179 026 ***158.75

DOCUMENT # P99000007742

1. Entity Name
EVMAR CORPORATION



Principal Place of Business
**4521 PGA BLVD., STE. 285
PALM BEACH GARDENS FL 33040**

Mailing Address
**4521 PGA BLVD., STE. 285
PALM BEACH GARDENS FL 33040**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0886861**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUCZKOWIEC, ARTHUR
4521 PGA BLVD., STE. 285
PALM BEACH GARDENS FL 33418**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

ARTHUR LUCZKOWIEC - PRESIDENT

04/09/2003

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
NAME **BOJCZUK, EWA**
STREET ADDRESS **127 ORCHID CAY DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33418**

TITLE **S** ☒ Change ☐ Addition
NAME **LUCZKOWIEC, EWA**
STREET ADDRESS **120 DAY LILY DR**
CITY-ST-ZIP **JUPITER, FL 33458**

TITLE **V** ☐ Delete
NAME **DUSZKIEWICZ, ANDRZEJ**
STREET ADDRESS **30 IRVINGTON RD.**
CITY-ST-ZIP **PARSIPPANY NJ 07054**

TITLE **VP** ☒ Change ☐ Addition
NAME **DUSZKIEWICZ, ANDRZEJ**
STREET ADDRESS **99 LAKE SHORE DR**
CITY-ST-ZIP **PARSIPPANY, NJ 07054**

TITLE **P** ☐ Delete
NAME **LUCZKOWIEC, ARTHUR**
STREET ADDRESS **127 ORCHID CAY DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33418**

TITLE **P** ☒ Change ☐ Addition
NAME **LUCZKOWIEC, ARTHUR**
STREET ADDRESS **120 DAY LILY DR**
CITY-ST-ZIP **JUPITER, FL 33458**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR LUCZKOWIEC - PRESIDENT

04/09/2003

Date

Daytime Phone #

CR2E034 (10/02)