

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91799 047 ***150.00

DOCUMENT # P99000009430

1. Entity Name
DAVID KREBA, INC.



Principal Place of Business
**10723 APPALOOSA DRIVE
JACKSONVILLE, FL 32257**

Mailing Address
**10723 APPALOOSA DRIVE
JACKSONVILLE, FL 32257**

11041704

2. Principal Place of Business

10723 Appaloosa Dr.

Suite, Apt. #, etc.

3. Mailing Address

10723 Appaloosa Dr.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3592560

Applied For

Not Applicable

Zip

32257 Duval

Zip

32257 Duval

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KREBA, DAVID S
10723 APPALOOSA DRIVE
JACKSONVILLE, FL 32257**

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when resigning)

DATE

**FILED DOWN: FEES ARE \$50.00
PRORATED 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

TITLE NAME ☐ Delete

**D
KREBA, DAVID
10723 APPALOOSA DRIVE
JACKSONVILLE, FL 32257**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

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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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

David Kreba David Kreba 5/1/03 (904)9939124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20034 (10/02)