

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 28, 2001 8:00 am  
Secretary of State

03-28-2001 90211 023 \*\*\*158.75

DOCUMENT # P99000055082

1. Entity Name

AL KOVACS & SON, INC.

Principal Place of Business

6303 WHITE OAK LANE  
TAMARAC FL 33319

Mailing Address

6303 WHITE OAK LANE  
TAMARAC FL 33319

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

65-0927660

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOVACS, ALEXANDER V  
6303 WHITE OAK LANE  
TAMARAC FL 33319

7. Name and Address of New Registered Agent

Name: SYLVIA GIOVANNI D  
Street Address (P.O. Box Number is Not Acceptable)  
6303 White Oak Ln  
City: Tamarac FL Zip Code: 33319

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 10-01

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOVACS, ALEXANDER V	
STREET ADDRESS	6303 WHITE OAK LANE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GIOVANNI, SYLVIA	
STREET ADDRESS	6303 WHITE OAK LN	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Alexander G. Kovacs	
STREET ADDRESS	6303 White Oak Ln	
CITY-ST-ZIP	Tamarac FL 33319	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Eric Kovacs	
STREET ADDRESS	39512 N. 4 Ave	
CITY-ST-ZIP	Phoenix AZ 85024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alexander G. Kovacs	
STREET ADDRESS	6303 White Oak Ln	
CITY-ST-ZIP	Tamarac FL 33319	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric Kovacs	
STREET ADDRESS	39512 N. 4 Ave	
CITY-ST-ZIP	Phoenix AZ 85024	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sylvia Giovanni	
STREET ADDRESS	6303 White Oak Ln	
CITY-ST-ZIP	Tamarac FL 33319	
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:

*Sylvia Giovanni*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 10-01  
Date

Daytime Phone #

CR2E034 (10/00)