

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095579

1. Entity Name

GREGG & KOSTIHA INC.

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90160 018 ***165.00

Principal Place of Business

3431 TANGLEWOOD TRAIL
PALM HARBOR FL 34685

Mailing Address

3431 TANGLEWOOD TRAIL
PALM HARBOR FL 34685

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

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

SEIDENBERG, KRISTENE
3431 TANGLEWOOD TRAIL
PALM HARBOR FL 34685

Name

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

City

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME SEIDENBERG, KRISTENE
STREET ADDRESS 3431 TANGLEWOOD TRAIL
CITY-ST-ZIP PALM HARBOR FL 34685

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS 208 LOS PRADOS AVE
CITY-ST-ZIP SAFETY HARBOR, FL

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

P99006095579

ADOL 9223

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

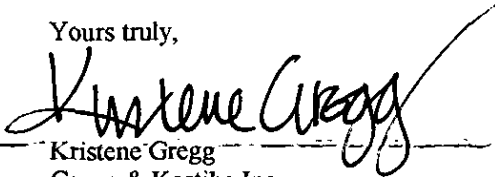
To Whom It May Concern:

When we received the Notice of Administrative Dissolution we were stunned since we had never received any previous notification. We only became incorporated in 1999 and did not know about the annual report requirement. We did not receive the corporate annual report form for 2000 and therefore we did not know that a report was due. We have moved our business and have provided correct information on the report form.

We are enclosing the Application for Reinstatement along with the required annual fee of \$150. We respectfully request abatement of the penalty for late filing.

Your assistance in this matter is appreciated.

Yours truly,



Kristene Gregg
Gregg & Kostiha Inc
208 Los Prados Avenue
Safety Harbor, FL