

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90034 042 ***558.75

DOCUMENT # P99000101299

1. Entity Name
ZMR STUCCO, INC.

Principal Place of Business
2210 RILEY STREET
JACKSONVILLE FL 32250

Mailing Address
2210 RILEY STREET
JACKSONVILLE FL 32250

2. Principal Place of Business

2210 RILEY ST
 Suite, Apt. #, etc.

3. Mailing Address

2210 RILEY ST
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JAX. BH FL

City & State

JAX. BH. FL

4. FEI Number 39-3609017

Applied For
Not Applicable

Zip 32250

Country USA

Zip 32250

Country USA

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

6. Name and Address of Current Registered Agent

ZBYNEK, ZACHRDLA
2210 RILEY STREET
JACKSONVILLE FL 32250

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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE *09.05.01*

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 \$550.00

After September 12, 2001 Fee 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

TITLE S
NAME RASTISLAV, HORAM
STREET ADDRESS 418 SKATE RD
CITY-ST-ZIP ATLANTIC BEACH FL 32233

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME PETRKOVSKY, MAREK
STREET ADDRESS 1715 HODGES APT 2806
CITY-ST-ZIP JACKSONVILLE FL 32224

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE P
NAME ZACGRDKA, ZBTKEJ
STREET ADDRESS 2210 RILEY STREET
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09.05.01 704-7596925

CR2E034 (5/01)