

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
 04-18-2002 90346 022 ***158.75

DOCUMENT # P99000101299

1. Entity Name
ZMR STUCCO, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2210 RILEY STREET
JACKSONVILLE FL 32250

Mailing Address
2210 RILEY STREET
JACKSONVILLE FL 32250

2. Principal Place of Business
709 13 AVE. SOUTH
 Suite, Apt. #, etc.

3. Mailing Address
709 13 AVE. SOUTH
 Suite, Apt. #, etc.

City & State
JACKSONVILLE BCH. FL

City & State
JACKSONVILLE BCH 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, ZACHRDIA
2210 RILEY STREET
JACKSONVILLE FL 32250

7. Name and Address of New Registered Agent
 Name **ZBYNEK ZACHRDIA**
 Street Address (P.O. Box Number is Not Acceptable)
709 13 AVE SOUTH
 City **JAX. BCH** **FL** Zip Code **32250**

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]* **03.29.02**
Signature, type 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 \$150.00
After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RASTISLAV, HORAM 418 SKATE RD ATLANTIC BEACH FL 32233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RASTISLAV HORNY 2001 HODGES #1718 JACKSONVILLE FL. 32224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETRKOVSKY, MAREK 1715 HODGES APT 2806 JACKSONVILLE FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAREK PETRKOVSKY 1715 HODGES # 2305 JACKSONVILLE FL. 32224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZACGRDKA, ZBTKEJ 2210 RILEY STREET JACKSONVILLE BEACH FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZBYNEK ZACHRDIA 709 13 AVE SOUTH JAX. BCH. FL. 32250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **03.29.02** **904-759-6421**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0034657 AV

CR2E034 (9/01)