

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90024 043 ***150.00

DOCUMENT # S18863

1. Entity Name

CECH BROTHERS, INC.

Principal Place of Business

Mailing Address

**138 AZALEA RD
 DEBARY FL 32713**

**138 AZALEA RD
 DEBARY FL 32713**

2. Principal Place of Business

3. Mailing Address

44 Sundunes Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ponce Inlet, FL

Zip

Country

Zip

Country

32118

Volusia

4. FEI Number

59-3042595

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

SEVCECH, RICHARD L.

**138 AZALEA ROAD
 DEBARY FL 32713**

Name

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

44 Sundunes Circle

City

Ponce Inlet

FL

Zip Code

32118

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 \$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 ☐ Delete
 NAME **D SEVCECH, RICHARD L.**
 STREET ADDRESS **138 AZALEA RD**
 CITY-ST-ZIP **DEBARY FL**

TITLE ☒ Change ☐ Addition
 NAME **44 Sundunes Circle**
 STREET ADDRESS **Ponce Inlet FL 32118**
 CITY-ST-ZIP **32118**

TITLE ☐ Delete
 NAME **D SEVCECH, JANICE H.**
 STREET ADDRESS **138 AZALEA RD**
 CITY-ST-ZIP **DEBARY FL**

TITLE ☒ Change ☐ Addition
 NAME **44 Sundunes Circle**
 STREET ADDRESS **Ponce Inlet, FL 32118**
 CITY-ST-ZIP **32118**

TITLE ☐ Delete
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-02 407 417 6745

Date

Daytime Phone #

11/01/2002