

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S37434**

1. Entity Name

THOMAS KOVACH SERVICES INC.

FILED
Jul 17, 2001 8:00 am
Secretary of State

07-17-2001 90093 032 ***150.00

Principal Place of Business

**17735 LONG POINT DRIVE
REDINGTON SHORES FL 33708**

Mailing Address

**17735 LONG POINT DRIVE
REDINGTON SHORES FL 33708**

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

59-3055080

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

**KOVACH, THOMAS
17735 LONG POINT DR.
REDINGTON SHORES FL 33708**

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, 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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **KOVACH THOMAS**
CITY-ST-ZIP **17735 LONG POINT DRIVE
REDINGTON SHORES FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **KOVACH CONNIE L**
CITY-ST-ZIP **17735 LONG PT DR
REDINGTON SHORES FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

THOMAS KOVACH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-7-01

397-1454

0090167 AV

CP2E034 (5/01)

Attachment
Doc # S37434

A0078218

**Thomas Kovach Services, Inc.
17735 Long Point Drive
Redington Shores, FL 33708**

**Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500**

July 7, 2001

To Whom it May Concern,

I have recently received a "2nd" notice from your office regarding my corporation renewal. I am very puzzled because I never received the first notice. We were having a problem with our mail in early 2001 and that could be the reason for us not receiving the form. I am asking for an abatement of penalties because I have always filed timely in the past and will continue to do so in the future. I am enclosing my check for \$150 to cover the filing fee and really appreciate your understanding in this matter. As I stated before, I have always filed timely in the past and will continue to do so in the future. Thanks again for your understanding.

Sincerely,

**Thomas Kovach, Pres.
Thomas Kovach Services, Inc.**