## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **V42320**



RICHARD LUKAC ENTERPRISES, INC.							FILED					
Principal Place of Business #5 TARPON AVENUE ORMOND BEACH FL 32176			Mailing Address #5 TARPON AVENUE ORMOND BEACH FL 32176				OO OCT -9 PM 1: 28  SECRETARY OF STATE TALLAHASSEE FLORIDA					
2. Principal P	lace of Business		3. Mailing Address	<u>.</u> _								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WE	RITE IN THIS	SPACE		
City & State			City & State			4. F	4. FEI Number 59-3128322 Applied For Not Applicable					
Zip Country			Zip	Country		5. 0	5. Certificate of Status Desired S8.75 Additional Fee Required			ditional		
	6. Name and Address of	of Current Rea	Registered Agent		7. Name and Address of New Registered Agent							
	U. Marie Bilo Address	or Carlett 110	John Ca Figure		Name							
LUKAC, RICHRD #5 TARPON AVENUE ORMOND BEACH FL 32176					Street Addre	ess (P.O. B	ox Number is	Not Acceptat	ole)			
						<u>-</u>		<u></u>		1 = 2		
					City				FL	Zip Coo	ie	
8. The above	named entity submits this s	tatement for th	e purpose of changing its	registere	ed office or reg	istered age	ent, or both, i	in the State of I	Florida.			
SIGNATURE .	Signature, typed or printed name of re	gistered agent and I	title if applicable (NOTE	: Registere	d Agent signature re	quired when re	instating)		DATE			
Tax filing r	oration is eligible to satisfy its equirement and elects to do ia on back)	-	FILE NOW! After SEPTEMBER 1: Make Check Payab	3, 2000	Min. will be			on Campaign I Fund Contribut			OO May Be d to Fees	
11.	OFFIC	CERS AND DIF	RECTORS	12.		AD	DITIONS/CI	IANGES TO O	FFICERS AN	D DIRECTOR	IS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUKAC, RICHARD #5 TARPON AVENUE ORMOND BEACH FL		□ Delete		1				`	☐ Change	Addition .	
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13. I hereby o	certify that the information su	ipplied with thi	s filing does not qualify for	the exe	mption stated	in Section	119.07(3)(i),	Florida Statute	s. I further co	ertify 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:

(S)(E	Svi@i					<u>E</u> D
SIGNATURE	AND TYPED	OR PRINTER	NAME OF	SIGNING OF	FICER OF	R DIRECT

10-1-2 600 Date

904 - 295 - 3862 Daytime Phone #



Richard Lukac Interprises, Inc.
5 Tarpon Avenue
Grmond Beach, of £ 32176
Home 904441-8330 Mobile 9042953862

October 5, 2000

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

I recently received to notice that my corporation has been dissolved for lack of paying my corporate annual fee of \$150.00. I was sure this had been paid and mailed but can find neither the canceled check nor the un-mailed form.

At the time of renewal, we had just found out my father had been diagnosed with terminal cancer. After months of treatments and surgeries, He died on March 9, 2000 (a copy of the death certificate is attached). Since I am the only child that lives locally I have spent the last nine months taking care of my father, mother and all the family matters connected with illness and death of a relative.

I am asking for leniency from the state that due to extenuating circumstances and ask that you reinstate my corporation and wave the penalties and late fee of \$400.00. I have been a small Florida Corporation (V42320) since June 6, 1992 and have never been late with my corporate renewal before.

Please give this matter your careful consideration and notify me of your decision. Attached is a copy of the notification of corporate dissolve and also a check for \$150.00 in hopes that you grant my request.

Sincerely:

Richard Lukac President