

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90090 017 ***550.00

DOCUMENT # V43272

1. Entity Name

FILIPETZ ENTERPRISES, INC.

Principal Place of Business

6732 U.S. HWY 19
 NEW PORT RICHEY FL 34652

Mailing Address

6732 U.S. HWY 19
 NEW PORT RICHEY FL 34652

2. Principal Place of Business

6732 U.S. HWY 19
 Suite, Apt. #, etc.

3. Mailing Address

6732 U.S. HWY 19
 Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL.

City & State

NEW PORT RICHEY, FL.

Zip

34652

Country

PASCO

Zip

34652

Country

PASCO

4. FEI Number

59-3118996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FILIPETZ, JOHN D.

6732 U.S. HWY 19

NEW PORT RICHEY FL 34652

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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 D
 NAME FILIPETZ, JOHN D. ☐ Delete
 STREET ADDRESS 9135 MAYNARD AVENUE
 CITY-ST-ZIP NEW PORT RICHEY FL

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

TITLE D
 NAME FILIPETZ, VICTORIA B. ☒ Delete
 STREET ADDRESS 9135 MAYNARD AVENUE
 CITY-ST-ZIP NEW PORT RICHEY FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(1), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN D. Filipietz 9/9/02

Date

727 849-1551

Daytime Phone #

CR2E034 (4/02)