

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V49365

1. Entity Name
KUBERA CORPORATION



Principal Place of Business

1880 ARLINGTON ST.
STE 109
SARASOTA, FL 34239 US

Mailing Address

3482 FLAMINGO AV
SARASOTA, FL 34242 US

FILED
Mar 17, 2004 08:00 AM
Secretary of State



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0346354

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SANCHEZ, ALBERT A JR
1133 4TH STREET
STE 300
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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 retreating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000030350
03/17/04-80015-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CRICK, RANDAL C 3482 FLAMINGO AV SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CRICK, WILLIAM F III 1880 ARLINGTON STREET, SUITE 109 SARASOTA, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Randal Crick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randal Crick, Director

3/17/04

Date

Daytime Phone #