

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000039053**

1. Entity Name

OPALKA SERVICES INC.**FILED****Jan 26, 2001 8:00 am**
Secretary of State

01-26-2001 90064 047 ***150.00

904804

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**8800 49TH STREET NORTH
SUITE 406-3
PINELLAS PARK FL 33782**

Mailing Address

**19321 US HWY 19 NORTH
STE C 601
CLEARWATER FL 33764
US**

2. Principal Place of Business

19321-C US HWY 19N

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 601

City & State

City & State

Clearwater FL

Zip

Zip

33764

Country

Country

4. FEI Number **59-3442081**

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

**GAWRON, MARY
19321 US HWY 19 N
STE C 601
CLEARWATER FL 33764**

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 \$150.00**~~After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P OPALKA, BRONISLAW 409 RHODES LN GRIFFIN GA 30224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OPALKA, ERNEST 409 RHODES LN GRIFFIN GA 30224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OPALKA, EWARYST 409 RHODES LN GRIFFIN GA 30224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/01

Date

678-463-6983

Daytime Phone #

CR2E034 (10/00)