

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 692080

1. Entity Name

DRS. ZIELONKA & SANSOUCIE, P.A.

Principal Place of Business

3702 SWANN AVE
TAMPA FL 33609
US

Mailing Address

101 E. KENNEDY BLVD. SUITE 1000
P.O. BOX 1363
TAMPA FL 33601

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3702 W. SWANN AVE.

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33609

Country

USA

4. FEI Number

59-2102553

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIBBONS, TUCKER, MILLER, WHATLEY & STEIN, P.A.
101 E. KENNEDY BLVD. SUITE 1000
P.O. BOX 1363
TAMPA FL 33601

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.

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

TITLE	PST	<input type="checkbox"/> Delete
NAME	ZIELONKA, CARL L	
STREET ADDRESS	3702 SWANN AVENUE	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZIELONKA, CARL L.	
STREET ADDRESS	3702 SWANN AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SANSOUCIE, SUSAN D.	
STREET ADDRESS	3702 SWANN AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Carl Zielonka, DDS

CARL L. ZIELONKA, DDS

Date

Daytime Phone #

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90033 038 ***150.00

708655



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)