

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 590280

1. Entity Name

SERDYNski GROVES, INC.

FILED

Apr 13, 2000 8:00 am  
Secretary of State

04-13-2000 90082 011 \*\*\*150.00

000440



DO NOT WRITE IN THIS SPACE

Principal Place of Business

WEST OAK 2900  
P. O. BOX 124  
ALTURAS FL 33820  
US

Mailing Address

WEST OAK 2900  
P. O. BOX 124  
ALTURAS FL 33820-0124  
US

2. Principal Place of Business

2195 OAK DRIVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 223

Suite, Apt. #, etc.

City & State

BARTOW FL

City & State

ALTURAS FL

4. FEI Number

59-1856403

Applied For

Not Applicable.

Zip

Country

33830 US

Zip

Country

33820 US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOHN L. SERDYNski  
OAK DRIVE  
ALTURAS FL 33820

7. Name and Address of New Registered Agent

Name Teddy L. Serdynski

Street Address (P.O. Box Number is Not Acceptable)

2195 OAK DRIVE

City

BARTOW

FL

Zip Code

33830

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

*Teddy L. Serdynski*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/01/00

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, 2000 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          | PD                | <input checked="" type="checkbox"/> Delete |
| NAME           | SERDYNski, JOHN   |                                            |
| STREET ADDRESS | WEST OAK DR 2900  |                                            |
| CITY-ST-ZIP    | ALTURAS FL        |                                            |
| TITLE          | S                 | <input checked="" type="checkbox"/> Delete |
| NAME           | SERDYNski, VIVIAN |                                            |
| STREET ADDRESS | WEST OAK DR 2900  |                                            |
| CITY-ST-ZIP    | ALTURAS FL        |                                            |
| TITLE          | VP                | <input type="checkbox"/> Delete            |
| NAME           | SERDYNski, TEDDY  |                                            |
| STREET ADDRESS | 2195 OAK DR.      |                                            |
| CITY-ST-ZIP    | BARTOW FL         |                                            |
| TITLE          | VP                | <input type="checkbox"/> Delete            |
| NAME           | SERDYNski, DONALD |                                            |
| STREET ADDRESS | P.O. BOX 866, NA  |                                            |
| CITY-ST-ZIP    | AVON PK FL        |                                            |
| 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 |                             |                                                                              |
| CITY-ST-ZIP    |                             |                                                                              |
| TITLE          | Sec / TRCAS.                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Teddy Serdynski             |                                                                              |
| STREET ADDRESS | 2195 OAK DRIVE              |                                                                              |
| CITY-ST-ZIP    | BARTOW FL 33830             |                                                                              |
| TITLE          | President                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Donald Serdynski            |                                                                              |
| STREET ADDRESS | PO BOX 866, LK LOTILA DRIVE |                                                                              |
| CITY-ST-ZIP    | AVON PARK FL                |                                                                              |
| 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 |                             |                                                                              |
| 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:

*Teddy L. Serdynski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/01/00

Date

863.533.8606

Daytime Phone #

CR2E034 (9/99)