

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90152 036 ***150.00

DOCUMENT # 663966

1. Entity Name

QWIK FOOD CORPORATION

DBA - Ace Office Maintenance

Principal Place of Business

Mailing Address

~~9211 NW 67 ST.~~ **5621 Riverside Dr**
~~TAMARAC FL 33321~~ **# 101**
Coral Springs FL
33067

~~9211 NW 67 ST.~~
~~TAMARAC FL 33321-8509~~
C/O SLAZYK
5621 Riverside Dr #101
Coral Springs FL 33067

2. Principal Place of Business

3. Mailing Address

5621 Riverside Dr
FL

C/O SLAZYK
5621 Riverside Dr
Coral Springs FL 33067

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101
Coral Springs FL

101
Coral Springs FL

Zip
33067

Country
U.S.A.

Zip
33067

Country
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0498046**

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

SLAZYK, FRED
~~9211 NW 67 ST~~ **5621 Riverside Dr**
~~TAMARAC FL 33321~~ **Coral Springs FL 33067**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **SLAZYK, FRED**
 STREET ADDRESS ~~9211 NW 67 ST~~ **5621 Riverside Dr**
 CITY-ST-ZIP ~~TAMARAC FL 33321~~ **# 101 Coral Springs FL**

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

TITLE **ST** ☐ Delete
 NAME **SLAZYK, DOROTHY**
 STREET ADDRESS ~~9211 NW 67 ST~~ **5621 Riverside Dr**
 CITY-ST-ZIP ~~TAMARAC FL 33321~~ **# 101 FL Coral Springs**

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: **Donalby Slazyk Secretary/Treasurer**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00 954-256-7952
 Date Daytime Phone #