

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90070 020 \*\*\*150.00

**DOCUMENT # 663966**

1. Entity Name

**QWIK FOOD CORPORATION**

*D/A/A Ace Office Maintenance*

Principal Place of Business

Mailing Address

5621 RIVERSIDE DR  
 #101  
 CORAL SPRINGS FL 33067  
 US

% SLAZYK  
 5621 RIVERDALE DR #101 *Riverside Dr*  
 CORAL SPRINGS FL 33067



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*5621 Riverside Dr*

*5621 Riverside Dr.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*# 101*

*# 101*

City & State

City & State

*Coral Springs FL*

*Coral Springs FL*

Zip

Zip

Country

Country

*33067*

*USA*

*33067*

*USA*

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  
 5621 RIVERDALE DR *RIVERSIDE DR.*  
 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, 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 ☐ Delete  
 NAME **P**  
 STREET ADDRESS **SLAZYK, FRED**  
 CITY-ST-ZIP **5621 RIVERDALE DR #101 RIVERSIDE DR**  
**CORAL SPRINGS FL 33067**

TITLE ☐ Delete  
 NAME **ST**  
 STREET ADDRESS **SLAZYK, DOROTHY**  
 CITY-ST-ZIP **5621 RIVERDALE DR Riverside Dr**  
**CORAL SPRINGS FL 33067**

TITLE ☐ Delete  
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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: *Dorothy Slazyk Dorothy Slazyk* 4-20-01 954-255-7952  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)