

2001 UNIFORM BUSINESS REPORT (UBR)

0012785 AF

DOCUMENT # A98000001736

1. Entity Name

PINDIAK PROPERTIES, LTD.

Principal Place of Business

8085 SOUTH TROPICAL TRAIL
MERRITT ISLAND FL 32952

Mailing Address

8085 SOUTH TROPICAL TRAIL
MERRITT ISLAND FL 32952

FILED
01 APR -9 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

625 Woodbrook Way

625 Woodbrook Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Melbourne, FL

City & State

Melbourne, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32940

Country

USA

Zip

32940

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PINDIAK, STEVEN J
8085 SOUTH TROPICAL TRAIL
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name (Steven F. Pindiak)

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

625 Woodbrook Way

City Melbourne

FL

Zip Code

32940

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

(Steven F. Pindiak)

4/5/01

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$7,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$7,500.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME PINDIAK, STEVEN J
STREET ADDRESS 8085 SOUTH TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND FL 32952

STREET ADDRESS 625 Woodbrook Way
CITY-ST-ZIP Melbourne, FL 32940

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/5/01

(321)751-4055

Date

Daytime Phone #

CR2E003 (11/00)