

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90875 012 ***150.00

DOCUMENT # F22357

1. Entity Name

WESLEY R. STACKNIK, P.A.

Principal Place of Business

**8050 SEMINOLE MALL
OFFICE CTR STE 325
SEMINOLE FL 33772
US**

Mailing Address

**8050 SEMINOLE MALL
OFFICE CTR STE 325
SEMINOLE FL 33772
US**

2. Principal Place of Business

7985 113th Street No.

Suite, Apt. #, etc.
Suite 325

City & State
Seminole, FL

Zip
33772-4787

Country
US

3. Mailing Address

7985 113th Street No.

Suite, Apt. #, etc.
Suite 325

City & State
Seminole, FL

Zip
33772-4787

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2076716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STACKNIK, WESLEY R.
8050 SEMINOLE MALL
OFFICE CTR STE 325
SEMINOLE FL 33772**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
7985 113th Street No.

Suite 325

City
Seminole

FL

Zip Code
33772-4787

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

Wesley R. Stacknik

4/8/2002

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

FILE NOW!!! FEE IS \$150.00

(Tax filing requirement and elects to do so, by
(See criteria on back) ☐

**After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STACKNIK, WESLEY R 330 6TH AVENUE INDIAN ROCKS BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	33785-2550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Wesley R. Stacknik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WESLEY R. STACKNIK

4/8/2002 (727) 398-4496

Daytime Phone #

CR2E034 (9/01)