

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90003 031 \*\*\*150.00

**DOCUMENT # F95000004149**

1. Entity Name

**STARYAK & ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

1695 CANTERBURY DR  
 INDIAN LANTIC FL 32903  
 US

1695 CANTERBURY DR.  
 INDIAN LANTIC FL 32903-0119

**B0021120**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**OCEAN PARK OFFICE CENTER**

**OCEAN PARK OFFICE CENTER**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 102**

**Suite #102**

City & State **1485 N. ATLANTIC AVE.**  
**COCOA BEACH, FL.**

City & State **1485 N. ATLANTIC AVE.**  
**COCOA BEACH, FL.**

4. FEI Number **58-2192279**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32931**

**FLORIDA**

**32931**

**FLORIDA**

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

**STARYAK, GEORGE**  
**1695 CANTERBURY DR**  
**INDIAN LANTIC FL 32903**

Name

**GEORGE STARYAK**

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

**OCEAN PARK OFFICE CENTER Suite #102**

**1485 N. ATLANTIC AVE.**

City

**COCOA BEACH**

FL

Zip Code

**32931**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PCTD**  
**STARYAK, GEORGE**  
**1695 CANTERBURY DRIVE**  
**INDIAN LANTIC FL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**(same as above)** ☒ Change ☐ Addition  
**Address:**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VS**  
**STARYAK, JOAN M**  
**1695 CANTERBURY DRIVE**  
**INDIAN LANTIC FL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**124 KINGSFORD RD.**  
**NOLLY SPRINGS, N.C. 27540** ☒ Change ☐ Addition  
**Address:**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

**GEORGE STARYAK** *George Staryak Pres.* **2/10/00** **407-799-1691**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #