

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G33094

1. Entity Name

PIASCIK, INC.

Principal Place of Business

C/O RICHARD J. PIASCIK  
7305 U.S. 19  
NEW PORT RICHEY FL 34652  
US

Mailing Address

7927 ORCHID LAKE RD  
NPR FL 34653

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2376396

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

PIASCIK  
PIASCIK, RICHARD J  
7927 ORCHID LAKE RD  
NEW PORT RICHEY FL 34653

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

Richard J. Piascik

Richard J. Piascik, President/Dr. 3-19-01

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 PD ☐ Delete  
NAME PIASCIK, RICHARD J.  
STREET ADDRESS 7924 ORCHID LAKE ROAD  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

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

TITLE D ☐ Delete  
NAME PIASCIK, ROBERT A.  
STREET ADDRESS 7474 BAYWOOD FOREST CIR.  
CITY-ST-ZIP SPRING HILL FL 34606

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

TITLE ST ☐ Delete  
NAME PIASCIK, GINA  
STREET ADDRESS 7927 ORCHID LAKE ROAD  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

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:

Richard J. Piascik, President/Dr.  
RICHARD J. PIASCIK

3-19-01

Date

727-845-3519

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE