

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90086 036 ***150.00



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # H39520

1. Entity Name
SIPRAK & ASSOCIATES, INC.

Principal Place of Business

**840 SUGAR HOUSE DR
PORT ORANGE FL 32119
US**

Mailing Address

**840 SUGAR HOUSE DR
PORT ORANGE FL 32119
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2582478

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SIPRAK, NICK N.
840 SUGAR HOUSE DRIVE
PORT ORANGE FL 32119**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T ☐ Delete
NAME **SIPRAK, ERIKA**
STREET ADDRESS **840 SUGAR HOUSE DR.**
CITY-ST-ZIP **PORT ORANGE FL 32119**

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

V ☐ Delete
NAME **WEILL, MARK**
STREET ADDRESS **141 SUMMER VILLAGE DR.**
CITY-ST-ZIP **ANNAPOLIS MD 21401**

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

P ☐ Delete
NAME **SIPRAK, NICK**
STREET ADDRESS **840 SUGAR HOUSE DRIVE**
CITY-ST-ZIP **PORT ORANGE FL 32119**

☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED SIPRAK

2-JAN-03 386-760-8688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)