

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J12817

1. Entity Name

H.F. DOMBROSKI CORP.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90048 004 ***150.00

Principal Place of Business

Mailing Address

Q-208 BRINY BREEZES
BOYNTON BEACH FL 33435

Q-208 BRINY BREEZES
BOYNTON BEACH FL 33435

2. Principal Place of Business

3. Mailing Address

5000 North Ocean Blvd

5000 North Ocean Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Q208

Q208

City & State

City & State

Briny-Breezes, FL

Briny Breezes, FL

Zip

Country

Zip

Country

33435

U.S.A.

33435

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2754328

Applied For

Not Applied

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

DOMBROSKI, BRENDA W.
1447 W JENNINGS STREET
LANTANA FL 33462-1128

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

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 2-
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DOMBROSKI, HENRY F.
STREET ADDRESS Q-208 BRINY BREEZES
CITY-ST-ZIP BOYNTON BEACH FL ☒ Delete

TITLE PD
NAME DOMBROSKI, HENRY F.
STREET ADDRESS 5000 N. Ocean Blvd Q208
CITY-ST-ZIP Briny Breezes, FL 33435 ☒ Change ☐ Addition

TITLE STD
NAME DOMBROSKI, MARGARET A.
STREET ADDRESS Q-208 BRINY BREEZES
CITY-ST-ZIP BOYNTON BEACH FL ☒ Delete

TITLE STD
NAME DOMBROSKI, MARGARET A.
STREET ADDRESS 5000 N. Ocean Blvd. Q208
CITY-ST-ZIP Briny-Breezes, FL. 33435 ☒ 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

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)(f), 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:

Margaret A. Dombroski
SECRETARY OF STATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-00

561-278-4311

Date

Daytime Phone #