

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J12821

1. Entity Name

HENRY DOMBROSKI ENTERPRISES, INC.

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

5000 North Ocean Blvd.

3. Mailing Address

5000 North Ocean Blvd.

Suite, Apt. #, etc.

Q208

Suite, Apt. #, etc.

Q208

City & State

Briny Breezes, FL

City & State

Briny Breezes, FL

Zip

33435

Country

USA

Zip

33435

Country

USA

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DOMBROSKI, HENRY F.	
STREET ADDRESS	Q-208 BRINY BREEZES	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	DOMBROSKI, MARGARET A.	
STREET ADDRESS	Q-208 BRINY BREEZES	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMBROSKI HENRY F.	
STREET ADDRESS	5000 N. Ocean Blvd. Q208	
CITY-ST-ZIP	Briny Breezes, FL 33435	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMBROSKI, MARGARET A.	
STREET ADDRESS	5000 N. Ocean Blvd. Q208	
CITY-ST-ZIP	Briny Breezes, FL 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Margaret A. Dombroski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

02-08-2000 90048 003 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2668883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required