

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

03/98/23  
 AV

**DOCUMENT # J12821**

1. Entity Name  
**HENRY DOMBROSKI ENTERPRISES, INC.**

01-31-2002 90064 021 \*\*\*150.00

Principal Place of Business  
**5000 N OCEAN BLVD**  
**Q 208**  
**BOYNTON BEACH FL 33435**

Mailing Address  
**5000 N OCEAN BLVD**  
**Q 208**  
**BOYNTON BEACH FL 33435**

00010000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**5000 N. Ocean Blvd**  
 Suite, Apt. #, etc.  
**Q208**

3. Mailing Address  
**5000 N. Ocean Blvd**  
 Suite, Apt. #, etc.  
**Q208**

City & State  
**Briny Breezes, FL**

City & State  
**Briny Breezes, FL**

4. FEI Number  
**59-2668883**

Applied For  
 Not Applicable

Zip  
**33435**

Country  
**Palm Beach**

Zip  
**33435**

Country  
**Palm Beach**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**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, 2002 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  
**PD**  
**DOMBROSKI, HENRY F**  
**5000 N OCEAN BLVD Q208**  
**BRINY BREEZES FL 33435**

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**STD**  
**DOMBROSKI, MARGARET A.**  
**5000 N OCEAN BLVD Q208**  
**BRINY BREEZES FL 33435**

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

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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 Dombroski*  
**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-15-02**

Date

**561-378-4311**

Daytime Phone #

CR2E034 (9/01)