

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90089 046 ***150.00

0463653

DOCUMENT # J41809

1. Entity Name

ROBERT E. LESNIAK, INC.

Principal Place of Business

**10812 FRONT BEACH ROAD
 PANAMA CITY FL 32407
 US**

Mailing Address

**10812 W HWY 98
 PANAMA CITY FL 32407**

2. Principal Place of Business

**533 BECKRICH RD
 Suite, Apt. #, etc.**

3. Mailing Address

**533 BECKRICH RD
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

PANAMA CITY BCH FL

City & State

PANAMA CITY BCH FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32407

Country

BAH

Zip

32407

Country

BAH

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LESNIAK, ROBERT E.
 10812 FRONT BEACH ROAD
 PANAMA CITY BEACH FL 32407**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

533 BECKRICH RD

City

PANAMA CITY BCH

FL

Zip Code

32407

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

Robert E. Lesniak

20 APR 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

TITLE **PD** ☐ Delete
 NAME **LESNIAK, ROBERT E.**
 STREET ADDRESS **10812 FRONT BEACH ROAD**
 CITY-ST-ZIP **PANAMA CITY BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ 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:

Robert E. Lesniak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 APR 01

Date

850-235-2800

Daytime Phone #

CR2E034 (10/00)