

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005040

1. Entity Name

SKALSKI & CLARK, CERTIFIED PUBLIC ACCOUNTANTS, P

FILED

01 JAN 19 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

14010 ROOSEVELT BLVD
STE 708
CLEARWATER FL 33762

Mailing Address

14010 ROOSEVELT BLVD
STE 708
CLEARWATER FL 33762

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SKALSKI, JOSEPH C
14010 ROOSEVELT BLVD
STE 708
CLEARWATER FL 33762

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

FILE NOW!!! FEE IS \$50.00
Make Check to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME
MGR CLARK, KIMBERLY A
STREET ADDRESS 14010 ROOSEVELT BLVD STE 708
CITY-ST-ZIP CLEARWATER FL 33762 ☒ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

ADDITIONS/CHANGES

KIMBERLY A ☒ Change ☐ Addition
14010 ROOSEVELT BLVD, STE 708
CLEARWATER, FL 33762

☐ Change ☐ Addition

4000003576114--3
-01/26/01--01036--018

*****50.00 ☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Kimberly A Skalski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/13/01

Date

727/536-4328

Daytime Phone #

CR2E083 (11/00)