2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000005040

1. Entity Name

SKALSKI & CLARK, CERTIFIED PUBLIC ACCOUNTANTS, P ROFESSIONAL LIMITED COMPANY



FILED Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90048 023 ****50.00

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Principal Place of Business Mailing Address					7		
14010 ROOSE		14010 ROOSEVELT BLVD				•	
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OCCARTALER	FL 33702	CLEARWATER FL 33762				ese, and make make	TO PERSONAL SERVICES
2. Principal F	Place of Business	3. Mailing Address					
					######################################		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IS NOT	المرازية المرازية	
0.00					☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State	City & State		4. FEI Number 59-3336635 Applied For		
Zip	Country	Zip	T 6:				Not Applicable
μ	Country	ZIP	Country		5. Certificate of Status Desired	\$5.00 A	
	6. Name and Address of Curr	ent Registered Agent	stered Agent		Fee Required 7. Name and Address of New Registered Agent		
014	-		Nam	е	7. Name and Address of New Register	eu Agent	
	ALSKI, JOSEPH C ~		· - ·				71
	10 ROOSEVELT BLVD 708		Stree	et Address (I	P.O. Box Number is Not Acceptable)		
	: 700 :ARWATER FL 33762						······································
OLL.	ANNAICH I C 30/02	•	07-				
			City			Zip Co	
The above the obligation	named entity submits this statemer ions of registered agent.	t for the purpose of changing its	registered office	or registere	ed agent, or both, in the State of Florida. I a	m familiar with	, and accept
ti io obligati	· registered agent.						
SIGNATURE .	Signature, typed or printed name of registered as	101 4 7					
	orginations, typed or printed martie or registered at	ent and title if applicable. (NOTI	E: Registered Agent sig	nature required	when reinstating) DAT	E	
			DW!!! FEE IS				}
		Make Check Payabl	e to Florida D	epartmen	it of State		
_		j.	By May 1, 20	003			
9.		BERS/MANAGERS	10.		ADDITIONS/CHANG	ES	
TITLE	MGR	☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS	SKALSKI, KIMBERLY A						
CITY-ST-ZIP	14010 ROOSEVELT BLVD. SUITE 708 CLEARWATER FL 33762			s			
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STREET ADDRESS			NAME STOLET ADODESS				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
II. I hereby ce	rtify that the information supplied w	th this filing does not swell to be a		1			

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: YES SIGNATURE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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