

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90318 002 ***150.00

DOCUMENT # L18581

1. Entity Name
DOMBROSKI BROTHERS, INC.



Principal Place of Business
**9490 CROSS CREEK DRIVE
BOYNTON BEACH FL 33436
US**

Mailing Address
**27 OCEANVIEW DR
OCEAN RIDGE FL 33435
US**

2. Principal Place of Business

3. Mailing Address

9490 Cross Creek Drive
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Boynton Beach, FL

Zip

Country

Zip

Country

33436

US

4. FEI Number **NOT APPLICABLE**
65-0158520

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOMBROSKI, SUSAN
27 OCEANVIEW DR
OCEAN RIDGE FL 33435**

Name **DOMBROSKI, CELESTE**
Street Address (P.O. Box Number is Not Acceptable)
9490 CROSS CREEK DRIVE
City **BOYNTON BEACH** **FL** Zip Code **33436**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Celeste Dombroski**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/18/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DOMBROSKI, HENRY JR**
STREET ADDRESS **9490 CROSS CREEK DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL**

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

TITLE **D** ☒ Delete
NAME **DOMBROSKI, HENRY F.**
STREET ADDRESS **Q208 BRINY BREEZES**
CITY-ST-ZIP **BOYNTON BEACH FL**

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

TITLE **D** ☐ Delete
NAME **DOMBROSKI, HENRY F**
STREET ADDRESS **5000 N OCEAN BLVD, Q208**
CITY-ST-ZIP **BRINY BREEZES FL 33435**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-03

Date

Daytime Phone #

CR2E034 (10/02)