

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90136 037 ***550.00

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DOCUMENT # M86085

1. Entity Name
SZC, INC.



Principal Place of Business

~~259 LOMBARDY AVE~~
~~PORT LAUDERDALE FL 33308~~

Mailing Address

**259 LOMBARDY AVENUE
LAUDERDALE BY THE SEA FL 33308**



2. Principal Place of Business

259 Lombardy Avenue

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Lauderdale By The Sea, FL 33308

City & State

Zip

33308

Country

USA

4. FEI Number

65-0327501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SZCZESNIAK, WANDA

259 LOMBARDY AVE

LAUDERDALE BY THE SEA FL 33308

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

SIGNATURE

Wanda Szczesniak

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/25/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE **PT** ☐ Delete
NAME **SZCZESNIAK, ROBERT W.**
STREET ADDRESS **259 LOMBARDY AVE**
CITY-ST-ZIP **LAUDERDALE BY THE SEA FL 33308**

TITLE **VPS** ☐ Delete
NAME **SZCZESNIAK, WANDA**
STREET ADDRESS **259 LOMBARDY AVE**
CITY-ST-ZIP **LAUDERDALE BY THE SEA FL 33308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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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:

Wanda Szczesniak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-03

Date

954-205-0649

Daytime Phone #

CR2E034 (4/03)