

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000479

1. Entity Name

RICHARD D. SIENKIEWICZ, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90040 005 ***150.00

Principal Place of Business

638 FIRWOOD COURT
ALTAMONTE SPRINGS FL 32714

Mailing Address

638 FIRWOOD COURT
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number **65-0978078**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIENKIEWICZ, RICHARD D
638 FIRWOOD COURT
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

State

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 officer, if applicable

(NOTE: Registered Agent signature required when changing agent)

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	P	☐ Delete
NAME	SIENKIEWICZ, RICHARD D	
STREET ADDRESS	638 FIREWOOD CT	
CITY-STATE-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VP	☐ Delete
NAME	SIENKIEWICZ, LINDA A	
STREET ADDRESS	638 FIRWOOD CT	
CITY-STATE-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a former like empowered.

SIGNATURE

Richard D. Sienkiewicz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01

321 277-4244

CR2E034 (10.00)