

2001 UNIFORM BUSINESS REPORT (UBR)

5/2/01

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-02-2001 90095 029 ***150.00

DOCUMENT # P00000034437

1. Entity Name

J PAVLIK GOLF PROFESSIONAL, INC.

Principal Place of Business

Mailing Address

**C/O JAMES PAVLIK
 1260 S W BRIARWOOD DRIVE
 PORT ST LUCIE FL 34986**

**C/O JAMES PAVLIK
 1260 S W BRIARWOOD DRIVE
 PORT ST LUCIE FL 34986**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0991065

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**EDGE, JOSEPH
 C/O THE TAX SHOPPE
 832 S W BAYSHORE BOULEVARD
 PORT ST. LUCIE FL 34983**

7. Name and Address of New Registered Agent

Name **JAMES PAVLIK**

Street Address (P.O. Box Number is not Acceptable)
1260 SW BRIARWOOD DR

City **PORT ST LUCIE FL** Zip **34986**

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

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

(NOTE: Registered Agent signature required when reinstating)

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	PRESIDENT, V.P. TRBS	<input type="checkbox"/> Delete
NAME	JAMES PAVLIK	
STREET ADDRESS	1260 SW BRIARWOOD DR	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James Pavlik
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/29/01

828-466-4661

CR2E034 (10/00)