

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

0516176 AV

DOCUMENT # P00000076479

1. Entity Name

SDROEK ENTERPRISES INC.

01-16-2002 90085 036 ***150.00

Principal Place of Business

**7123 ROLAND OAKS CIRCLE
 SARASOTA FL 34231**

Mailing Address

**7123 ROLAND OAKS CIRCLE
 SARASOTA FL 34231**



2. Principal Place of Business

**7123 Roland Oaks Circle
 Suite, Apt. #, etc.
 Sarasota FL**

3. Mailing Address

**7123 Roland Oaks Circle
 Suite, Apt. #, etc.
 Sarasota FL**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1031857**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SDROEK, LESLAW
 7123 ROLAND OAKS CIRCLE
 SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name **LESLAW SDROEK**
 Street Address (P.O. Box Number is Not Acceptable)
**7123 Roland Oaks Circle
 City Sarasota FL 34231**

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, type 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)