

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 19, 2002 8:00 am**  
**Secretary of State**

09-19-2002 90159 045 \*\*\*150.00

**DOCUMENT # P01000015453**

1. Entity Name

**R. SOBANSKI P.A.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**4751 YELLOWSTONE DRIVE**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NEW PORT RICHEY, FL**

City & State

Zip

**34655**

Country

**USA**

Zip

Country

4. FEI Number

**59-3696224**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**RENATA SOBANSKI**

Street Address (P.O. Box Number is Not Acceptable)

**4751 YELLOWSTONE DRIVE**

City

**NEW PORT RICHEY**

**FL**

Zip Code  
**34655**

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**RENATA SOBANSKI**

**7/27/02**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP
<b>PRESIDENT</b>	<b>RENATA SOBANSKI</b>	<b>4751 YELLOWSTONE DRIVE</b>	<b>NEW PORT RICHEY, FL 34655</b>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

**RENATA SOBANSKI**  
**PRESIDENT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/27/02**

Date

**727-375-9227**

Daytime Phone #

*Attachment*

**R. SOBANSKI P.A.  
4751 YELLOWTONE DR.  
NEW PORT RICHEY, FL 34655**

*# P01000015453*

July 27, 2002

Uniform Business Report Filings  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**RE: PENALTY WAIVER REQUEST - DOCUMENT NO. P01000015453**

Dear Sir or Madam:

We respectfully request that you accept the 2002 Uniform Business Report and our check in the amount of \$150.00.

We apologize for being late, but this the first year that we were obligated to file the Uniform Business Report - we incorporated on 02/09/2001. We definitely did not receive your original form. We are serious people who file all government reports timely and who would not discard or misplace such an important document.

Our accountant reviewed all his clients' records on the Secretary of State internet database and found that we have missed the deadline for Uniform Business Report filing. Our business is too small to be able to afford paying a \$550.00 penalty fee.

We promise to file all future annual reports on a timely basis and once again we request that you waive the \$400.00 penalty.

Thank you very much for your time and consideration given this matter.

Sincerely,

*Renata Sobanski*

Renata Sobanski  
President