

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-20-2002 90015 015 ***150.00

DOCUMENT # P01000026169

1. Entity Name

STEVEN TRABAYKO, P.A.

Principal Place of Business

13825 U.S. HIGHWAY 19
 SUITE 404-D
 HUDSON FL 34667

Mailing Address

13825 U.S. HIGHWAY 19
 SUITE 404-D
 HUDSON FL 34667

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3704847

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Steven Trabayko

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

13825 U.S. Hwy. 19, Suite 404

City

Hudson

FL

Zip Code

34667

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

Steven Trabayko, Esq.

Steven Trabayko, Attorney at Law

01/23/2002

Signature, typed or printed name of registered agent, and date 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

TITLE ~~President, Off/Director~~ ☐ Delete
 NAME ~~Steven Trabayko~~
 STREET ADDRESS ~~13825 U.S. Hwy. 19, Suite 404~~
 CITY-ST-ZIP ~~Hudson, Florida 34667~~

TITLE ~~Pres/off/Director~~ ☐ Delete
 NAME ~~Steven Trabayko~~
 STREET ADDRESS ~~13825 U.S. Hwy. 19~~
 CITY-ST-ZIP ~~Suite 404~~

TITLE ~~Suite 404~~ ☐ Delete
 NAME ~~Hudson, FLA 34667~~
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~(Sole off.)~~ ☐ Delete
 NAME ~~(Sole Dir.)~~
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(l), 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:

SIG Steven Trabayko

01/23/2002 727 869 9007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)