

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90093 007 \*\*\*150.00

**DOCUMENT # P01000038245**

**1. Entity Name**  
**CONSIGNMENT AMERICA, INC.**

**Principal Place of Business**

**642 N. INDIANA AVE.**  
**ENGLEWOOD FL 34223**

**Mailing Address**

**642 N. INDIANA AVE.**  
**ENGLEWOOD FL 34223**

**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**

**301443562**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SZARYC, LAUREL**  
**9175 BIG STAR AVE.**  
**ENGLEWOOD FL 34224**

Name

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

City

**FL**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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**

**TITLE** **PD** ☐ Delete  
**NAME** **SZARYC, LAUREL**  
**STREET ADDRESS** **642 N. INDIANA AVE.**  
**CITY-ST-ZIP** **ENGLEWOOD FL 34223**

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

**TITLE** **SD** ☐ Delete  
**NAME** **SZARYC, JOHN**  
**STREET ADDRESS** **642 N. INDIANA AVE.**  
**CITY-ST-ZIP** **ENGLEWOOD FL 34223**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

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**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)(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:** *LAUREL SZARYC*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-11-02**

Date

**941-474-9776**

Daytime Phone #

CR2E034 (4/02)

*Attachment*

September 11, 2002

*#PD 1000038248*

Consignment America Inc.  
642 N. Indiana Ave.  
Englewood, FL. 34223  
(941)474-9776

To Whom It May Concern:

As to a phone conversation, please find a check in the amount of \$150.00. I was told to send in my application for the \$550.00 with a letter explaining the fact that I never received the first filing notice due on May 1, along with a check for \$150.00.

Yours truly,

*Laurel Szaryc*  
Laurel Szaryc