

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2002 8:00 am
Secretary of State

09-05-2002 90042 020 ***550.00

DOCUMENT # P01000076652

1. Entity Name
THE PAVLIK AGENCY, INC.

Principal Place of Business
 3232 W. HILLSBORO BLVD.
 DEERFIELD BEACH FL 33442

Mailing Address
 3232 W. HILLSBORO BLVD.
 DEERFIELD BEACH FL 33442

** new **
↓

2. Principal Place of Business
 3232 W Hillsboro Blvd
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 56
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Deerfield Bch

City & State
 BOCA RATON, FL

FEL Number
 65-113430 9

Applied For
 Not Applicable

Zip
 33442
Country
 USA

Zip
 33429
Country
 USA

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

6. Name and Address of Current Registered Agent

PAULIK-ZAMORA, CONNIE LEE
 3232 W. HILLSBORO BLVD.
 DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY-ST-ZIP | D PAULIK-ZAMORA, CONNIE LEE 3232 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/02)