

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90129 025 \*\*\*150.00

**90003923**



☒ CHECK HERE IF MAKING CHANGES

**DOCUMENT # P01000111574**



1. Entity Name  
**SYLVAX, INC.**

Principal Place of Business  
**2770 SUNNY BREEZE AVE APT B  
LARGO FL 33770**

Mailing Address  
**2770 SUNNY BREEZE AVE APT B  
LARGO FL 33770**

2. Principal Place of Business  
**213 Debby CT**  
Suite, Apt. #, etc. **B**

3. Mailing Address  
**213 Debby CT**  
Suite, Apt. #, etc. **B**

City & State  
**Largo FL**  
Zip **33771** Country **Pinellas**

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4. FEI Number **59-3757141**  
Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent  
**PISZCZKOVA, SILVIE**  
**2770 SUNNY BREEZE AVE APT B**  
**LARGO FL 33770**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PISZCZKOVA, SILVIE		NAME		
STREET ADDRESS	2770 SUNNY BREEZE AVE APT B		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33770		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARHOLT, VACLAV		NAME		
STREET ADDRESS	2770 SUNNY BREEZE AVE APT B		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33770		CITY-ST-ZIP		
TITLE	P.O.	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PISZCZKOVA, SILVIE		NAME		
STREET ADDRESS	213 DEBBY CT #B		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33771		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marholt VACLAV		NAME		
STREET ADDRESS	213 DEBBY CT #B		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33771		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Silvia Piszczkova* **1/14/03** **727-531-9678**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)