

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **D02000021827**

1. Entity Name

**KRAWIEC SUPPORTED LIVING
SERVICES, INC.**

FILED

03 OCT 13 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

344 10th STREET

3. Mailing Address

344 10th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ATLANTIC BEACH, FL

City & State

ATLANTIC BEACH, FL

Zip

32233

Country

USA

Zip

32233

Country

USA

4. FEI Number

02-0556545

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERT KRAWIEC

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

344 10th STREET

City

ATLANTIC BEACH

FL

Zip Code

32233

**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

Robert Krawiec

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/08/03

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	PDST ROBERT KRAWIEC 344 10th STREET ATLANTIC BEACH, FL 32233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Krawiec

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/08/03

Date

(904) 249-8872

Daytime Phone #

CR2E034B (12/01)

TAX ADVANTAGE

Income Tax Services
Financial & Insurance Services
Accounting & Bookkeeping Services

JAMES K. REESE, EA

• 1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

October 9, 2003

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

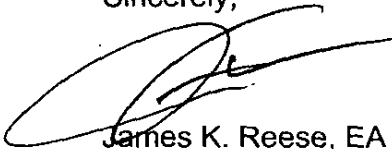
Re: Krawiec Supported Living Services, Inc. – 2003 Uniform Business Report
Document #: P02000021827

Dear Sir or Madam:

Please find the enclosed Check for \$150.00 for the above referenced Corporation's 2003 Uniform Business Report. The Taxpayer never received this report. We request your assistance in abating the Late Filing Penalty. Your cooperation and understanding is appreciated in advance.

If you have any questions, please do not hesitate to contact me.

Sincerely,



James K. Reese, EA

Enclosures:
Check for \$150.00