

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000038299

1. Entity Name

BROOKE ZYLKA, PA

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90061 027 ***150.00

Principal Place of Business

Mailing Address

6833 SR 54
NEW PORT RICHEY FL 34653

P O BOX 1533
TARPON SPRINGS FL 34688-1533
US

2. Principal Place of Business

3. Mailing Address

6911 SR 54
Suite, Apt. #, etc.

6911 SR 54
Suite, Apt. #, etc.

City & State

City & State

New Port Richey, FL

New Port Richey, FL

Zip

Country

Zip

Country

34653

US

34653

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZYLKA, BROOKE
4603 TARAY LN
HOLIDAY FL 34690

Name: ZYLKA, BROOKE
Street Address (P.O. Box Number is Not Acceptable):
6911 SR 54
New Port Richey
City: FL Zip Code: 34653

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

Brooke Zylka

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P ☐ Delete
NAME: ZYLKA, BROOKE
STREET ADDRESS: 4603 TARAY LN
CITY-ST-ZIP: HOLIDAY FL 34690

TITLE: P ☒ Change ☐ Addition
NAME: ZYLKA, BROOKE
STREET ADDRESS: 6911 SR 54
CITY-ST-ZIP: New Port Richey, FL 34690

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:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP:

TITLE: ☐ Delete
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STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
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)(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:

Brooke Zylka
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/2000 727-842-2966

CR2E034 (9/99)