

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000051737

1. Entity Name

SEVAK AND ASSOCIATES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90029 049 ***158.75

Principal Place of Business

9132 N BAY BLVD
ORLANDO FL 32819

Mailing Address

1803 REFINERY RD
GAINESVILLE TX 76102-3542

2. Principal Place of Business

3. Mailing Address

1000 W. 10th ST. #214

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FORT WORTH, TX

4. FEI Number

59-3261881

Applied For

Not Applicable

Zip

Country

Zip

Country

76102

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

SEVAK, DAKSHA
9132 N BAY BLVD
ORLANDO FL 32819

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.

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 \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SEVAK, DAKSHA S
9132 N BAY BLVD
ORLANDO FL 32819

☐ Delete

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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: *X DAKSHA SEVAK*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAKSHA SEVAK

4/20/00 817-335-5682

Date

Daytime Phone #