

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000065032

1. Entity Name

PARK & SHOP OF CENTRAL FLORIDA, INC.

Principal Place of Business

329 SANFORD AVE.
SANDFORD FL 32771

Mailing Address

329 SANFORD AVE.
SANDFORD FL 32771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3273014

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRABULSY, SY
329 SANFORD AVE
SANFORD FL 32771

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.

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	TRABULSY, SY. E	
STREET ADDRESS	462 FORESTWOOD LANE	
CITY-ST-ZIP	MAITLAND FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	TRABULSY JULIA	
STREET ADDRESS	2812 SALISBURY BLVD.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TRABULSY, SOLOMON	
STREET ADDRESS	2812 SALISBURY BLVD	
CITY-ST-ZIP	WINTERPARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRABULSY, SY, E.	
STREET ADDRESS	275 ROLLINGWOOD TRL.	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRABULSY, JULIA	
STREET ADDRESS	2812 SALISBURY BLVD.	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	V.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRABULSY, SOLOMON	
STREET ADDRESS	2812 SALISBURY BLVD.	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SY E. TRABULSY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90043 017 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)