

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000083178

1. Entity Name

PARZYSZEK INC.

Principal Place of Business

1268 WILSE ROSE DRIVE  
PALM BAY FL 32905

Mailing Address

1268 WILSE ROSE DRIVE  
PALM BAY FL 32905

2. Principal Place of Business

1268 W. IL ROSE DR

3. Mailing Address

1268 W. IL ROSE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BAY FL

City & State

PALM BAY FL

Zip

32905

Country

USA

Zip

32905

Country

USA

4. FEI Number

59-3286162

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARZYSZEK, WILLIAM E  
1268 WILD ROSE DR  
PALM BAY FL 32905

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

*William E. Parzysek*

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

(NOTE: Registered Agent signature required when reinstating)

*April 15, 2000*

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

TITLE D  
NAME PARZYSZEK, WILLIAM E  
STREET ADDRESS 1268 WILD ROSE DRIVE  
CITY-ST-ZIP PALM BAY FL 32905

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*William E. Parzysek*  
WILLIAM E. PARZYSZEK

4-15-2000

Date

321-952-0735

Daytime Phone #

FILED

00 AUG 18 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2004 (9/99)