

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000026919

1. Entity Name

C&S P B, INC.

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

05-03-2000 90069 029 ***250.00

Principal Place of Business

17070 TRAVERSE CIRCLE
JUPITER FL 33477
US

Mailing Address

17070 TRAVERSE CIRCLE
JUPITER FL 33477-1212
US

2. Principal Place of Business

8386 Coconut Blvd
Suite, Apt. #, etc.
8386 Coconut Blvd

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State
W P B FL

City & State

Zip

33412

Country

USA

Zip

33412

Country

USA

4. FEI Number

65-0619775

Applied For

Not Applicable

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

PIETROSKI, CASIMIR J
17070 TRAVERSE CIRCLE
JUPITER FL 33477

Name

N/A

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.

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\$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 PIETROSKI, CASIMIR 17070 TRAVERSE CIRCLE JUPITER FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V PIETROSKI, SUELI 17070 TRAVERSE CIRCLE JUPITER FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PIETROSKI, CASIMIR J 17070 TRAVERSE CIRCLE JUPITER FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PIETROSKI, SUELI 17070 TRAVERSE CIRCLE JUPITER FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Pietroski Casimir 8386 Coconut Blvd W P B FL 33412 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

Casimir Pietroski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-00 5617840550

CR2E034 (9/99)