

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90116 002 ***150.00

DOCUMENT # P95000091420

1. Entity Name
CISEK INCORPORATED

Principal Place of Business

3123-B 39TH ST S
ST PETERSBURG FL 33711

Mailing Address

3123-B 39TH ST S
ST PETERSBURG FL 33711

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 **59-3368341**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CISEK, MARILYN
3123-B 39TH ST S
ST PETERSBURG FL 33711

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **CISEK, MARILYN**
STREET ADDRESS **3123-B 39TH ST S**
CITY-ST-ZIP **ST PETERSBURG FL 33711**

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

TITLE **DV** ☐ Delete
NAME **CISEK, RAYMOND**
STREET ADDRESS **3123-B 39TH ST S**
CITY-ST-ZIP **ST PETERSBURG FL 33711**

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

TITLE **D** ☐ Delete
NAME **FREEMAN, KATHERINE**
STREET ADDRESS **3505-A 40TH ST. S.**
CITY-ST-ZIP **ST PETERSBURG FL 33711**

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

TITLE **D** ☐ Delete
NAME **CISEK, MONICA**
STREET ADDRESS **8569 HOLLOWAY DR #1**
CITY-ST-ZIP **WEST HOLLYWOOD CA 90069**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **12606 CANTARA ST.**
CITY-ST-ZIP **NO. HOLLYWOOD, CA 91605**

TITLE **D** ☐ Delete
NAME **WEST, REBECCA**
STREET ADDRESS **1037 10TH ST**
CITY-ST-ZIP **SANTA MONICA CA 90403**

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

TITLE **D** ☐ Delete
NAME **CISEK, MARIA**
STREET ADDRESS **3123-B 39TH ST S.**
CITY-ST-ZIP **ST. PETERSBURG FL**

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:

Marilyn Cisek **MARILYN CISEK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02

Date

727-867-2390

Daytime Phone #

CR2E034 (9/01)