

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000097003

1. Entity Name

J.W. WARSAW TRUCKING INC.

FILED

Mar 20, 2000 8:00 am  
Secretary of State

03-20-2000 90066 046 \*\*\*150.00

Principal Place of Business

19321 C U.S. HIGHWAY 19 NORTH  
SUITE 601  
CLEARWATER FL 33764

Mailing Address

19321 C U.S. HIGHWAY 19 NORTH  
SUITE 601  
CLEARWATER FL 33764-3102

2. Principal Place of Business

P.O. Box 1441

3. Mailing Address

P.O. Box 1441

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oldsmar, Florida

City & State

Oldsmar, Florida

4. FEI Number

59-3417678

Applied For

Not Applicable

Zip

Country

34677-1441

US

Zip

Country

34677-1441

US

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

GAWRON, MARY  
19321 C U.S. HIGHWAY 19 NORTH  
SUITE 601  
CLEARWATER FL 33764

Name  
Waclaw Wieckowski

Street Address (P.O. Box Number is Not Acceptable)  
353 Shore Dr E

City  
Oldsmar

FL

Zip Code  
34677-3915

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 *Waclaw Wieckowski* / Waclaw Wieckowski March 7, 2000

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>PONIATOWSKI, WIESLAW<br>5125 SWEETGRASS LANE<br>COLORADO SPRINGS CO 80922 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>Poniatowski, Wieslaw<br>4775 Sweetgrass Lane<br>Colorado Springs, CO 80922-2214 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>PONIATOWSKI, JANINA<br>5125 SWEETGRASS LANE<br>COLORADO SPRINGS CO 80922 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>Poniatowski, Janina<br>4775 Sweetgrass Lane<br>Colorado Springs, CO 80922-2214 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>ATKINSON, JOANNA<br>5125 SWEETGRASS LANE<br>COLORADO SPRINGS CO 80922     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>Atkinson, Joanna<br>5125 Sweetgrass Lane<br>Colorado Springs, CO 80922-2112     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/2000 (719) 337-8586

Date

Daytime Phone #