

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021216

1. Entity Name

GARY L. SLOWINSKI MILLWORK, INC.

**FILED**  
May 18, 2001 8:00 am  
Secretary of State

05-18-2001 91280 001 \*\*\*\*\*8.75  
05-18-2001 91280 002 \*\*\*150.00

Principal Place of Business

1700 NORTHWEST 22 COURT. #2  
POMPANO BEACH FL 33069

Mailing Address

1700 NORTHWEST 22 COURT  
BAY 2  
POMPANO BEACH FL 33069

2. Principal Place of Business

1700 N.W. 22 COURT

3. Mailing Address

Suite, Apt. #, etc.

# 2

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

Zip

33069

Country

BROWARD

Country

4. FEI Number

65-0733844

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

SLOWINSKI, GARY L  
521 S. FIG TREE LANE  
PLANTATION FL 33317

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME S  
STREET ADDRESS SLOWINSKI, GARY L  
CITY-ST-ZIP 720 SW 34TH STREET, M-132  
GAINESVILLE FL 32607

TITLE ☐ Change ☐ Addition  
NAME S  
STREET ADDRESS SLOWINSKI, GARY L  
CITY-ST-ZIP 521-S. FIG TREE LANE  
PLANTATION, FL 33317 **NEW ADDRESS**

TITLE ☐ Delete  
NAME T  
STREET ADDRESS SLOWINSKI, YVONNE R  
CITY-ST-ZIP 521 S FIG STREET LANE  
PLANTATION FL 33317

TITLE ☐ Change ☐ Addition  
NAME T  
STREET ADDRESS SLOWINSKI, YVONNE R  
CITY-ST-ZIP 1275-S.W. 46 AVE #514  
POMPANO BEACH, FL 33069 **NEW ADDRESS**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/18/01 954-979-8200

CR2E034 (10/00)