

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023984

1. Entity Name

CECYLIA'S MAINTENANCE INC

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90065 036 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 4339  
CLEARWATER FL 34618

P.O. BOX 4339  
CLEARWATER FL 33758  
US

C0057007



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1126 KING ARTHUR CT. SAME

Suite, Apt. #, etc.

#408

Suite, Apt. #, etc.

City & State

DUNEDIN

City & State

4. FEI Number

59-3434052

Applied For

Not Applicable

Zip

Country

34698

Zip

Country

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

BLASZCZYK, CECYLIA  
1126 KING ARTHUR CT  
#408  
DUNEDIN FL 34698

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 P  
NAME BLASZCZYK, JERZY  
STREET ADDRESS 1126 KING ARTHUR CT #408  
CITY-ST-ZIP DUNEDIN FL 34698 ☐ Delete

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

TITLE VP  
NAME BLASZCZYK, CECYLIA  
STREET ADDRESS 1126 KING ARTHUR CT #408  
CITY-ST-ZIP DUNEDIN FL 45698 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERZY BLASZCZYK  
PRESIDENT

4/24/01 727-415-0453  
Date Daytime Phone #

CR2E034 (10/00)