

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031481

1. Entity Name

L.M. SZIRBIK INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90134 049 \*\*\*150.00

Principal Place of Business

Mailing Address

5780 MELS WAY  
LAKE WORTH FL 33463

5780 MELS WAY  
LAKE WORTH FL 33463-6725

2. Principal Place of Business

3. Mailing Address

1701 Lake Worth Rd  
Suite, Apt. #, etc.

5780 Mels Way  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lake Worth FL

City & State

Lake Worth FL

4. FEI Number

65-0743417

Applied For

Not Applicable

Zip  
33460

Country

Palm Beach

Zip

33463

Country

Palm Beach

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

SZIRBIK, LESLIE M  
5780 MELS WAY  
LAKE WORTH FL 33463

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, 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	P	<input type="checkbox"/> Delete
NAME	SZIRBIK, LESLIE M	
STREET ADDRESS	5780 MELS WAY	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	V	<input type="checkbox"/> Delete
NAME	SZIRBIK, KATHLEEN A	
STREET ADDRESS	5780 MELS WAY	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (9/99)