

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094415

1. Entity Name

BEARDOF INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90009 004 \*\*\*150.00

Principal Place of Business

Mailing Address

1114 W. COUNTY LINE RD.  
LUTZ FL 33549  
US

1114 W. COUNTY LINE RD.  
LUTZ FL 33549-5032

2. Principal Place of Business

1114 W County Line Rd

3. Mailing Address

1114 W County Line Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

Lutz, FL

4. FEI Number

59-3485149

Applied For

Not Applicable

Zip

Country

33549

Hillsborough

Zip

Country

33549

Hillsborough

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

KOZLOWSKI, RICHARD  
1114 W. COUNTY LINE RD.  
LUTZ FL 33549

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	KOZLOWSKI, R	
STREET ADDRESS	1114 COUNTY LINE RD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARCZAK, BEATA	
STREET ADDRESS	1114 COUNTY LINE RD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kozlowski Beata	
STREET ADDRESS	1114 W County Line Rd	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Richard Kozlowski Richard Kozlowski 01.05.2000,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-949-8999

CR2E034 (9/99)