

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 19, 2000 8:00 am**
Secretary of State

01-19-2000 90265 030 ***150.00

DOCUMENT # P98000002760

1. Entity Name

SPALUCH CORPORATION

Principal Place of Business

Mailing Address

**P.O. BOX 2315
PALM HARBOR FL 34682****P.O. BOX 2315
PALM HARBOR FL 34682-2315**

2. Principal Place of Business

4014 NEWCASTLE DR.

Suite, Apt. #, etc.

3. Mailing Address

4014 NEWCASTLE DR.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY FL

City & State

NEW PORT RICHEY FL

Zip

34652

Country

US

Zip

34652

Country

US

4. FEI Number

59-3485030

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPALUCH, BOLES LAW
211 NORTH CORONA AVENUE
CLEARWATER FL 33765**

7. Name and Address of New Registered Agent

Name

BOLES LAW SPALUCH

Street Address (P.O. Box Number is Not Acceptable)

4014 NEWCASTLE DR.

City

NEW PORT RICHEY**FL**

Zip Code

34652

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 Boleslaw Spaluch

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1.13.009. 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

TITLE	P	<input type="checkbox"/> Delete
NAME	SPALUCH, BOLES LAW	
STREET ADDRESS	211 NORTH CORONA AVE	
CITY-ST-ZIP	CLEARWATER FL 33765	

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
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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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOLES LAW SPALUCH		
STREET ADDRESS	4014 NEW CASTLE DR.		
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		

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		

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: Boleslaw Spaluch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1.13.00