

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90120 039 ***150.00

DOCUMENT # P 98000016069

1. Entity Name

S. STALVISKY ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

420 NE 17th AVE

3. Mailing Address

420 NE 17th AVE

Suite, Apt. #, etc.

APT # 4

Suite, Apt. #, etc.

APT # 4

City & State

Boynton Beach, Fla.

City & State

Boynton Bch Fla.

Zip

33435

Country

Palm Beach

Zip

33435

Country

Palm Beach

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

JERRY W. STALVISKY

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

420 NE 17th AVE APT # 4

City

Boynton Beach,

FL

Zip Code

33435

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

JERRY W. STALVISKY
420 NE 17th AVE # 4
Boynton Bch, Fla. 33435

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jerry W. Stalvisky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/22/02 561-374-9141

Daytime Phone #

CR2E034B (12/01)