

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90033 033 ***150.00

DOCUMENT # P98000043125

1. Entity Name
RICHARD RAZABDOUSKI, P.A.

00032417



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 2600 S FLORIDA AVE
 LAKELAND FL 33803

Mailing Address
 2600 S FLORIDA AVE
 LAKELAND FL 33803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3519739**

Applied For

Not Applicable

Zip

Country

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

RAZABDOUSKI, RICHARD
2600 S FLORIDA AVE
LAKELAND FL 33803

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	PVST	<input type="checkbox"/> Delete
NAME	RAZABDOUSKI, RICHARD A	
STREET ADDRESS	2600 S FLORIDA AVE	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAZABDOUSKI, RICHARD A	
STREET ADDRESS	2600 S FLORIDA AVE	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
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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

Richard Razabdouski
 Richard Razabdouski 3/27/01 863-688-2888

Date

Daytime Phone #

CR2E034 (10/00)