

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90005 017 \*\*\*150.00

B0090413

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P98000056615

**1. Entity Name**

PAIRWOF DICE, INC.

**Principal Place of Business**

3001 Tamiami Trail N.  
 Naples, FL 34104

**Mailing Address**

3001 Tamiami Trail N.  
 Naples, FL 34104

**2. Principal Place of Business**

12795 Maiden Cane Lane

**3. Mailing Address**

12795 Maiden Cane Lane

**Suite, Apt. #, etc.**

c/o Henry Holzkamper

**Suite, Apt. #, etc.**

c/o Henry Holzkamper

**City & State**

Bonita Springs, FL

**City & State**

Bonita Springs, FL

**4. FEI Number**

36-3695447

**Applied For**

Not Applicable

**Zip**

34135

**Country**

USA

**Zip**

34135

**Country**

USA

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

CLASP, Inc.  
 3001 Tamiami Trail North  
 4th Floor  
 Naples, FL 34103

**7. Name and Address of New Registered Agent**

**Name**

Henry Holzkamper

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

12795 Maiden Cane Lane

**City**

Bonita Spring

**FL**

**Zip Code**

34135

**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**

4/24/00

**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**

<b>TITLE</b>	PD	<input type="checkbox"/> Delete
<b>NAME</b>	Kornylak, William J.	
<b>STREET ADDRESS</b>	13110 Travis View Loop	
<b>CITY-ST-ZIP</b>	Austin, TX 78732	
<b>TITLE</b>	T, D	<input type="checkbox"/> Delete
<b>NAME</b>	Kornylak, Denise	
<b>STREET ADDRESS</b>	13110 Travis View Loop	
<b>CITY-ST-ZIP</b>	Austin, TX 78732	
<b>TITLE</b>	S, D	<input type="checkbox"/> Delete
<b>NAME</b>	Hepner, Bruce J.	
<b>STREET ADDRESS</b>	6923 N. Kolmar Ave.	
<b>CITY-ST-ZIP</b>	Lincoln Wood, IL 60646	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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

William J. Kornylak

**Date**

4-20-00

**Daytime Phone #**

512-2667876

CR2E034 (9/99)