

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060178

1. Entity Name

P. ALEXIS ZDANOW, P.A.

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90075 019 ***550.00

Principal Place of Business

14 KESTRAL WAY
 KEY WEST FL 33040

Mailing Address

14 KESTRAL WAY
 KEY WEST FL 33040

2. Principal Place of Business

17179 AMBER SACK LANE
 Suite, Apt. #, etc.

3. Mailing Address

17179 AMBER SACK LANE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SUGARLOAF FL
 Zip 33042 Country

City & State

SUGARLOAF, FL
 Zip 33042 Country

4. FEI Number

65-0848357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ZDANOW, P. ALEXIS
 14 KESTRAL WAY
 KEY WEST FL 33040

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
 NAME ZDANOW, P. ALEXIS
 STREET ADDRESS 14 KESTRAL WAY
 CITY-ST-ZIP KEY WEST FL 33040 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

CR-2034 (1/00)