

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077669

1. Entity Name

ODRA ENTERPRISES INC.

*R*

**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**

07-21-2000 90002 007 \*\*\*150.00

Principal Place of Business

222 26TH AVE.S.  
ST. PETERSBURG FL 33705

Mailing Address

222 26TH AVE.S.  
ST. PETERSBURG FL 33705

2. Principal Place of Business

3. Mailing Address

19321-C US HWY 19N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 601

City & State

CITY & STATE  
CLEARWATER FL

4. FEI Number 59-3533246

Applied For

Not Applicable

Zip

Country

Zip

Country

33764

USA

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

GAWRON, MARY  
19321 C US HWY 19 N,STE.601  
CLEARWATER FL 33764

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME STASIAK, JANINA R  
STREET ADDRESS 222 26TH AVE.S.  
CITY-ST-ZIP ST. PETERSBURG FL 33705

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

TITLE VP ☐ Delete  
NAME STASIAK, CZESLAW  
STREET ADDRESS 222 26TH AVE.S.  
CITY-ST-ZIP ST. PETERSBURG FL 33705

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

TITLE S ☐ Delete  
NAME BROOKS, AGNIESZKA  
STREET ADDRESS 2300 2ND STREET S.  
CITY-ST-ZIP ST. PETERSBURG FL 33705

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jul 11, 2000*

Date

Daytime Phone #

Attachment  
D# P9800W716699  
DW71232

July 11th, 2000

**Department of State  
Division of Corporations  
P.O.Box 6327  
Tallahassee FL 32314**

**RE: Odra Enterprises Inc.**

To Whom It May Concern,

We did not received the initial mailing form from you.  
We ask that you accept the check for the amount of \$150.00.

Thank you,

Odra Enterprises Inc.