

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078418

1. Entity Name

RAYMOND A. SLESZYNSKI, P.A.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90004 042 ***150.00

Principal Place of Business

601 CRYSTAL GROVE BLVD
LUTZ FL 33549

Mailing Address

601 CRYSTAL GROVE BLVD
LUTZ FL 33549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3531699**

Applied For

Not Applicable

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

SLESZYNSKI, RAYMOND A
601 CRYSTAL GROVE BLVD
LUTZ FL 33549

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 ☐ Delete
NAME **D SLESZYNSKI, RAYMOND A**
STREET ADDRESS **601 CRYSTAL GROVE BLVD**
CITY-ST-ZIP **LUTZ FL 33549**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(l), 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 #

Raymond A. Sleszynski **RAYMOND A. SLESZYNSKI** 7/19/00 813 948-2852

CR2 014-0001

998000078418

A0067 909

Raymond A. Sleszynski, P.A.
601 Crystal Grove Blvd.
Lutz, FL 33549

July 10, 2000

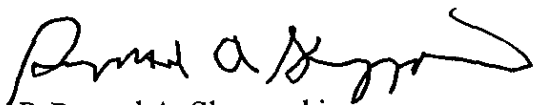
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2000 Uniform Business Report

I am once again enclosing my 2000 Uniform Business Report that I received from your office this past week. I was unaware that you did not receive my original report and \$150 payment sent early this year until receiving this second notice. I researched my account and have noted that my original check has yet to clear my bank and I have now stopped payment. I am enclosing, once again, a check in the amount of \$150. This should clear up my account.

Please adjust your records accordingly.

Sincerely,



Raymond A. Sleszynski
President