

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011944

1. Entity Name

RICK ZALANKA MS LMHC, P.A.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90009 035 ***550.00

Principal Place of Business

2031 E EDGEWOOD DR. STE 5
LAKELAND FL 33807-6658

Mailing Address

PO BOX 6658
LAKELAND FL 33807-6658

2. Principal Place of Business

2031 E. Edgewood Dr

3. Mailing Address

2031 E. Edgewood Dr

Suite, Apt. #, etc.

Ste 3

Suite, Apt. #, etc.

Ste 3

City & State

Lakeland, FL

City & State

Lakeland, FL

4. FEI Number

59-3552304

Applied For

Not Applicable

Zip

33803

Country

USA

Zip

33803

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARBSMEIER, CURT L ESQ.
2031 E. EDGEWOOD DR, STE 3
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name

Rick Zalanka

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

2031 E Edgewood Dr

Ste 3

City

Lakeland

FL

Zip Code

33803

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

Rick Zalanka

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-10-2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☒ Addition

P
Rick Zalanka
2031 E. Edgewood Dr Ste 3
Lakeland, FL 33803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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☐ Addition

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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)(j), 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:

Rick Zalanka
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-2000 863-665-3800

Date

Daytime Phone #

CR2E034 (5/00)