

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/1/00-90006-043-\$150.00-\$150.00

DOCUMENT # P990000050570

1. Entity Name

VLA - STA. INC.

Principal Place of Business

2926 51ST ST. SOUTH  
ST. PETERSBURG FL 33707

Mailing Address

2926 51ST ST. SOUTH  
ST. PETERSBURG FL 33707-5638

2. Principal Place of Business

5250 34th ST N

Suite, Apt. #, etc.

3. Mailing Address

5250 34th ST N

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip  
33714

Country

City & State

ST. PETERSBURG, FL

Zip  
33714

Country

4. FEI Number

59-3580826

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAJLER, VLASTIMIL  
2926 51ST ST. SOUTH  
ST. PETERSBURG FL 33707

7. Name and Address of New Registered Agent

Name

SAJLER VLASTIMIL

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

5250 34th ST. N

City

ST. PETERSBURG, FL

Zip Code

33714

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01.03.00

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

TITLE **PRESIDENT** ☐ Delete  
NAME **VLASTIMIL SAJLER**  
STREET ADDRESS **5250 34th ST N**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33714**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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 like empowered.

SIGNATURE:

*SAJLER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01.03.00

FILED

00 FEB 28 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE