

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90027 014 \*\*\*550.00

**DOCUMENT # P99000059230**

1. Entity Name  
**PIVON-REL INC.**

Principal Place of Business

Mailing Address

~~766 TERRA PLACE~~  
**MAITLAND FL 32751**

~~766 TERRA PLACE~~  
**MAITLAND FL 32751**

**550587**

2. Principal Place of Business

**7013 FOREST CITY RD**

3. Mailing Address

**539 VIA FONTANA DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 103**

City & State

**ORLANDO FL**

City & State

**ALTAMONTE SPRINGS FL**

4. FEI Number

**65-0938826**

Applied For

Not Applicable

Zip

**32810**

Country

**ORANGE**

Zip

**327**

Country

**SEMINOLE**

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

**PIVONKA, ALBERT D**  
~~766 TERRA PLACE~~  
**MAITLAND FL 32751**

Name

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

**539 VIA FONTANA DR. # 103**

City

**ALTAMONTE SPRINGS**

FL

Zip Code

**32714**

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 \$150.00**  
**After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PIVONKA, ELEANOR R</b>	
STREET ADDRESS	<del>766 TERRA PLACE</del>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PIVONKA, ALBERT D</b>	
STREET ADDRESS	<del>766 TERRA PLACE</del>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>539 VIA FONTANA DR. # 103</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>539 VIA FONTANA DR. # 103</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Albert D Pivonka**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/4/01 407/830-1008**

Date

Daytime Phone #

CR2E034 (10/00)