

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2002 8:00 am
Secretary of State

07-29-2002 90008 008 ***150.00

DOCUMENT # P99000078088

1. Entity Name
DIANNE L. GLEBOCKI, P.A.

Principal Place of Business
**7224 KING ARTHUR DRIVE
 PORT RICHEY FL 34668**

Mailing Address
**7224 KING ARTHUR DRIVE
 PORT RICHEY FL 34668**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3450593**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**GLEBOCKI, DIANNE L
 7224 KING ARTHUR DRIVE
 PORT RICHEY FL 34668**

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. I am familiar with, and accept the obligations of registered agent.

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, 2002 Fee 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 **PSD** ☐ Delete
 NAME **GLEBOCKI, DIANNE L**
 STREET ADDRESS **7224 KING ARTHUR DRIVE**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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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:

DIANNE L. GLEBOCKI
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-23-02 (727) 849-2047

CR2E034 (4/02)

Attachment
675993
Pg 90007888

FRANK CIRONE
INCORPORATED

"It's not what you make, it's what you keep that matters."

5833 U.S. HWY 19, #12
NEW PORT RICHEY, FLORIDA 34652
OFFICE (727) 845-0099 / RES (727) 845-0878
FAX (727) 847-1088

July 23, 2002

Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Uniform Business Report
Dianne L. Glembocki, P.A.

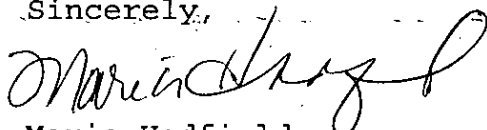
Ladies or Gentlemen:

Our office handles the accounting for the above referenced. She recently received the attached UBR report for 2002 which is past due.

The customer's mother had a very long and serious illness which ultimately resulted in her death. Due to these circumstances, this form was overlooked. We ask that you waive the penalty in this matter.

Your consideration is appreciated.

Sincerely,


Maria Hadfield

INSURANCE • REAL ESTATE
TAX ACCOUNTING • FINANCIAL SERVICES

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