

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082149

1. Entity Name
SEMRADK CONSULTING, INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90009 036 ***150.00

Principal Place of Business
P.O. BOX 99
410 PARK AVENUE, EXECUTIVE SUITES
BOCA GRANDE FL 33921

Mailing Address
P.O. BOX 99
410 PARK AVENUE, EXECUTIVE SUITES
BOCA GRANDE FL 33921

2. Principal Place of Business
3455 S McCall Rd Ste B
Suite, Apt. #, etc.

3. Mailing Address
3455 S McCall Rd Ste B
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Englewood, FL
Zip
34224
Country
USA

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Englewood, FL
Zip
34224
Country
USA

4. FEI Number **65-0949435**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SILBERSTEIN, DAVID M
720 SOUTH ORANGE AVENUE
SARASOTA FL 34236

7. Name and Address of New Registered Agent

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	P SEMRADK, JAMES J PO BOX 277 PLACIDA FL 33946	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 lists empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 3, 2001
Date
941-475-2800
Daytime Phone #

0536047

CR2E034 (10/00)