

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90002 019 ***550.00

DOCUMENT # S76179

1. Entity Name
GEORGE ZEDNEK, PA

Principal Place of Business
**413 WEST BOYNTON BEACH BLVD.
 BOYNTON BEACH FL 33435**

Mailing Address
**413 WEST BOYNTON BEACH BLVD.
 BOYNTON BEACH FL 33435**

A0073711



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 **65-0282411**

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

**ZEDNEK, GEORGE
 413 W. BOYNTON BEACH BLVD.
 BOYNTON BEACH FL 33435**

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D ZEDNEK, GEORGE ☐ Delete
413 W. BOYNTON BEACH BVD
BOYNTON BEACH FL

TITLE
 NAME
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☐ Change ☐ Addition

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☐ 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)(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: X SIGNATURE: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-00

561736-3434

Date

Daytime Phone #

CR2E034 (5/00)