2001 UNIFORM BUSINESS REPORT (UBR)

FILED
02 MAY 28 PM 2:28
01-18-2001 90013 009 ***150.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C0005289

DO NOT WRITE IN THIS SPACE

DOCUMENT # 570532

1. Entity Name

KLETZEL & GLIWA, P.A.

Principal Place of Business	Mailing Address
1110 S.E. THIRD AVENUE FT. LAUDERDALE FL 33316-1110	1110 S.E. THIRD AVENUE FT. LAUDERDALE FL 33316-1110

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1818699 ☐ Applied For ☐ Not Applicable

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
INGLIS, RICHARD 2455 E SUNRISE BLVD #320 FT. LAUDERDALE FL 33304	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 $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	PD GLIWA, WILLIAM A. 1110 S E THIRD AVE FT LAUDERDALE, FL 00000 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600005754586--9 -06/11/02--01118--001 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 changed, or on an attachment with an address, with all other like empowered.

William A. Gliwa   Sole owner   (954) 764-1711

DR. WILLIAM A. GLIWA, P.A.

PRACTICE LIMTED TO CHIROPRACTIC ORTHOPEDICS

1110 S.E. 3rd Avenue
Ft. Lauderdale, FL 33316
(305) 764-~~7474~~4473
FAX: (305) ~~764-0163~~
523-9498

8660 N Federal Hwy
~~151 South Powerline Road~~
~~Lachmann's Plaza~~
Pompano Beach, FL 33069
(305) 977-8506
FAX: (305) ~~977-7583~~
968-8091

May 16, 2002

State of Florida
Secretary of State
Dept of State
Div. of Corps
P.O. Box 6327
Tallahassee, FL 32314

Re: UBR filing lost in mail for 59-181869

Dear Sirs -

Please replace this for 2002 which was evidently lost in the mail when sent as I haven't seen it entered on SUNBiz.org and Mary, my secretary called you pending your have not yet received it, I have signed this copy of last years and hope it suffices.

Sorry for the inconvenience.

William A. Gliwa

William A Gliwa
Legal Signature
by AR Bobick, assistant

B. See changes above
on letterhead
Call anytime
Tues Cell - 954-309-8497