

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 08:00 AM
Secretary of State

DOCUMENT # P96000011763

1. Entity Name
WALTER C. ZEBROWSKI, ATTORNEY AT LAW, PA.

Principal Place of Business 3001 N ROCKY POINT DR E 200 TAMPA 33607 US	FL	Mailing Address 533 S. HOWARD AVE STE S PMB 28 TAMPA 33606 US	FL
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2. Principal Place of Business 3409 WEST FLETCHER AVENUE	3. Mailing Address 3409 WEST FLETCHER AVENUE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State TAMPA FL	City & State TAMPA FL
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4. FEI Number 59-3372718	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 33618	Country US	Zip 33618	Country US
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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

KEENAN ERIN
3001 N. ROCKY PT DR
STE 200
TAMPA FL
33607

Name BISHOFF DUANE
Street Address (P.O. Box Number is Not Acceptable) 3409 WEST FLETCHER AVENUE
City TAMPA FL
Zip Code 33618

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 **DUANE BISHOFF**

04/14/2001

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 D	<input type="checkbox"/> Delete
NAME ZEBROWSKI WALTER C	
STREET ADDRESS 1550 MCMULLEN BOOTH RD SUITE F3-111	
CITY-ST-ZIP CLEARWATER FL 34619	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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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
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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: **Walter C. Zebrowski**

PST 04/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)