## **FILED** 2000 UNIFORM BUSINESS REPORT (UBR) May 26, 2000 8:00 am Secretary of State **DOCUMENT # \$25703** JEROME GONSIEWSKI, P.A. 05-26-2000 90095 008 \*\*\*150.00 Principal Place of Business Mailing Address 131 1ST ST NW ´JBJG/DAWE CLEARWATER FL 33764 LARGO FL 33770-3343 3. Mailing Address 2. Principal Place of Business 1724 Gulf to Bay Blvd 131 First St. NW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 59-3043761 Not Applicable Clearwater, FL 33755 Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WINN, J. MARVIN Street Address (P.O. Box Number is Not Acceptable) 131 1ST ST NW **LARGO FL 33770** City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition CR2E034 (9/99 Change ☐ Delete TITLE TITLE GONSIEWSKI, JEROME NAME STREET ADDRESS 1924 IBIS DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33764 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trustate 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 >>

Jerome Gonsiewski, Dir.

5/1/00

(727)441-9961

Daytime Phone #