

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 692080

FILED
Jan 14, 2003
Secretary of State

Entity Name: DRS. ZIELONKA & SANSOUCIE, P.A.

Current Principal Place of Business:

3702 SWANN AVE
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

3702 W. SWANN AVE
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-2102553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBBONS, TUCKER, MILLER, WHATLEY & STEIN, P.A.
101 E. KENNEDY BLVD. SUITE 1000
P.O. BOX 1363
TAMPA, FL 33601

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: ZIELONKA, CARL L.
Address: 3702 SWANN AVENUE
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: ZIELONKA, CARL L.
Address: 3702 SWANN AVE.
City-St-Zip: TAMPA, FL

Title: VD () Delete
Name: SANSOUCIE, SUSAN D.
Address: 3702 SWANN AVE
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: ZIELONKA, CARL L DDS
Address: 3702 SWANN AVENUE
City-St-Zip: TAMPA, FL 33609

Title: D (X) Change () Addition
Name: ZIELONKA, CARL L DDS
Address: 3702 SWANN AVE.
City-St-Zip: TAMPA, FL 33609

Title: VD (X) Change () Addition
Name: SANSOUCIE, SUSAN D DDS
Address: 3702 SWANN AVE
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL L. ZIELONKA, DDS

PST

01/14/2003

Electronic Signature of Signing Officer or Director

Date