## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F51001

1. Entity Name

ROBERT A. KOSTKA, D.P.M., P.A.



## FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90479 042 \*\*\*150.00

- <del>-</del>						1	·· -			
Principal Place of Business Mailing Address C/O ROBERT A. KOSTKA C/O ROBERT A. KOSTKA 2260 GULF-TO-BAY BLVD. CLEARWATER FL 34625 CLEARWATER FL 34625					-	. ,	Faririar vidi bihar ridik adiri barar ikak araki bi	IBIL GIBIA BI	êli didir dib	il <b>111</b> 1
2. Principal	Place of Business	3. Mai	3. Mailing Address							
Suite, Ap	t. #, etc.	Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State				4.	4. FEI Number 59-2139253 Apr			For licable
Zip Country		Zip	Zip Cour		ry	5. Certificate of Status Desired S8.75 Fee Regi		Additional		
	6. Name and Address of Currer	nt Registere	ed Agent			7.	Name and Address of New Registered A			
					Name					
Kostka, Robert A.				}						
2260 GULF-TO-BAY BLVD.				Street Address	(P.O. E	Box Number is Not Acceptable)				
	ATER FL 34625			ŀ						
CLLTUIT	A) E11 1 E 04020									ľ
					City		FL	Zip C	Code	
8. The above	e named entity submits this statement	for the purp	ose of changing its	reaistere:	d office or register	red an	ent, or both, in the State of Florida. I am fa	amiliar w	ith and a	t
the obliga	itions of registered agent.	, .	3 3	J			is a series of the series of t	armia w	ior, ario ac	Joopt
OLONIATURE	3									
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if app	licable. (NOTE:	: Registered	Agent signature required	1 when re	einstating) DATE		<del></del>	-
·····							DATE			
	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00	,					9. Election Campaign Financing	\$5	5.00 May	v Be
	k Payable to Florida Department (						Trust Fund Contribution.	Ad	ded to Fee	es
10.	OFFICERS AND		De	<b>1</b> 44		4.5				
THILE	PD OFFICERS AND	DIRECTO	<del></del>	11.	<del></del>	AL	DITIONS/CHANGES TO OFFICERS AND			
NAME	KOSTKA, ROBERT A.		☐ Delete	TITLE				Chang	je 🗀 A	ddition
STREET ADDRESS	2260 GULF-TO-BAY BLVD.			NAME	T ADDRESS					l
CITY-ST-ZIP	CLEARWATER FL			CITY-S						
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NAME			☐ Delete	TITLE				☐ Chang	e	ddition
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CITY-ST-ZIP				CITY	1					

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

OFFICER OR DIRECTOR

☐ Delete

☐ Delete

DPM. F

Date 1/11/03 79

7 /97.5 / 00 Daytime Phone #

☐ Change

☐ Change

Addition

☐ Addition