

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000005988**

1. Entity Name

POLISH NATIONAL UNION OF AMERICA INC.

Principal Place of Business

Mailing Address

**1006 PITTSTON AVENUE
SCRANTON PA 18505****1006 PITTSTON AVENUE
SCRANTON PA 18505**

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

24-0692664

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**INSURANCE COMMISSIONER - STATE OF FLORIDA
200 GAINES STREET, DIV. OF INS. SERVICES
LARSON BUILDING, 3RD FLOOR
TALLAHASSEE FL 32399-0327**

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

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **KOTULA, EDMUND**
STREET ADDRESS **51 FRANKLIN AVENUE**
CITY-ST-ZIP **WALLINGTON NJ 07057**TITLE **SG** ☐ Change ☐ Addition
NAME **ANDRZEJEWSKI, JOHN C.**
STREET ADDRESS **RR 6 Box 6539**
CITY-ST-ZIP **MOSCOW, PA 18444**TITLE **V** ☐ Delete
NAME **WISNIEWSKI, HERNY**
STREET ADDRESS **451 HILLCREST DRIVE**
CITY-ST-ZIP **ABERDEEN MD 21001**TITLE **V** ☐ Change ☐ Addition
NAME **WISNIEWSKI, MICHAEL**
STREET ADDRESS **8950 ECHO LAKE DR NE**
CITY-ST-ZIP **WARREN OH 44484**TITLE **D** ☐ Delete
NAME **KISKA, STANLEY**
STREET ADDRESS **3046 NORLAND AVENUE**
CITY-ST-ZIP **CARNEGIE PA 15106**TITLE **D** ☐ Change ☐ Addition
NAME **NAVROTSKI, NORMAN**
STREET ADDRESS **115 HOLLY DR**
CITY-ST-ZIP **MCMURRAY, PA 15317**TITLE **D** ☐ Delete
NAME **RUDA, DENNIS REV**
STREET ADDRESS **41 HARRY L DRIVE**
CITY-ST-ZIP **JOHNSON CITY NY 13730**TITLE **D** ☐ Change ☐ Addition
NAME **PARKNAVY, ROBERT**
STREET ADDRESS **1644 LITTLE MEADOW ROAD**
CITY-ST-ZIP **PITTSBURGH, PA 15219**TITLE **D** ☐ Delete
NAME **WACHNA, MARTIN JR**
STREET ADDRESS **2222 NORTH SPOJNIA ROAD**
CITY-ST-ZIP **MCHENRY IL 60050**TITLE **T** ☐ Change ☐ Addition
NAME **STANKOWSKI, MARI JANE**
STREET ADDRESS **1025 PITTSTON AVENUE**
CITY-ST-ZIP **SCRANTON, PA 18505**TITLE **D** ☐ Delete
NAME **SWANTEK, JOHN F**
STREET ADDRESS **115 LAKE SCRANTON ROAD**
CITY-ST-ZIP **SCRANTON PA 18505**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/02 570-3141-1523**FILED**
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90041 035 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)