

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G50101

1. Entity Name
THOMAS MORACZEWSKI, M.D., P.A.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90040 043 ***150.00

Principal Place of Business
120 BARKS DR
FT WALTON BEACH FL 32547
US

Mailing Address
120 BARKS DR
FT. WALTON BEACH FL 32547
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2308990

Applied For
Not Applicable

Zip Country

Zip Country

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

MORACZEWSKI, THOMAS H
120 BARKS DR
FT. WALTON BEACH FL 32547

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Thomas Moraczewski MD (NOTE: Registered Agent signature required when reinstating) DATE 2/14/01

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 NAME STREET ADDRESS CITY-ST-ZIP	DP MORACZEWSKI, THOMAS MD 120 BARKS DR FT WALTON BCH, FL 00000 32547	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: Thomas Moraczewski MD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 2/10/01 Daytime Phone #

CR2E034 (10/00)