

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
May 10, 2006 8:00 am x1
Secretary of State**

05-10-2006 90092 016 ***150.00

DOCUMENT # H52997
1. Entity Name
DAVID SCOTT KUHARCIK C.P.A., P.A.

DO NOT WRITE IN THIS SPACE

✓
60037408

2. Principal Place of Business 533 NORTHLAKE BLVD. Suite, Apt. #, etc. STE. 5 City & State NORTH PALM BEACH, FL		3. Mailing Address 533 NORTHLAKE BLVD. Suite, Apt. #, etc. STE. 5 City & State NORTH PALM BEACH, FL	
Zip 33408	Country	Zip 33408	Country

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4. FEI Number 59-2524073	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name DAVID KUHARCIK	
Street Address (P.O. Box Number is Not Acceptable) 533 NORTHLAKE BLVD. STE. 5	
City NORTH PALM BEACH	State FL
Zip Code 33408	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID SCOTT KUHARCIK 533 NORTHLAKE BLVD. STE 5 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE  P.A. **DAVID SCOTT KUHARCIK, P.A.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **5-1-2006** Daytime Phone # **561-842-2521**