

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2006 8:00 am
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.

3. Mailing Address
533 NORTHLAKE BLVD.

Suite, Apt. #, etc.
STE. 5

Suite, Apt. #, etc.
STE. 5

DO NOT WRITE IN THIS SPACE

City & State
NORTH PALM BEACH, FL

City & State
NORTH PALM BEACH, FL

4. FEI Number
59-2524073

Applied For
Not Applicable

Zip Country
33408

Zip Country
33408

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

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

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

11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID SCOTT KUHARCIK, P.A.

Date

5-1-2006

Daytime Phone #

561-842-2521