

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90145 014 ***150.00

048992 AV

DOCUMENT # H64251

1. Entity Name
WILLIAM E. SHENKO, JR., P.A.

Principal Place of Business 2801 ESTERO BLVD STE C FT MYERS BEACH FL 33931 US	Mailing Address 2801 ESTERO BLVD STE C FT MYERS BEACH FL 33931 US
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150151



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1661 Estero Blvd.</i> Suite, Apt. #, etc. <i>Suite 24</i>	3. Mailing Address <i>1661 Estero Blvd.</i> Suite, Apt. #, etc. <i>Suite 24</i>
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City & State <i>Fort Myers Beach FL</i>	City & State <i>Fort Myers Beach FL</i>
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4. FEI Number 59-2549769	Applied For <input type="checkbox"/> Not Applicable
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Zip <i>33931</i>	Country <i>USA</i>	Zip <i>33931</i>	Country <i>USA</i>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**SHENKO, WILLIAM E., JR.
 2801 ESTERO BLVD STE C
 FT MYERS BEACH FL 33931**

7. Name and Address of New Registered Agent
 Name *Shenko, William E., Jr.*
 Street Address (P.O. Box Number is Not Acceptable)
1661 Estero Blvd. Suite 24
 City *Ft. Myers Beach FL* Zip Code *33931*

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 *William E. Shenko, Jr.* DATE *1-21-02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHENKO, WILLIAM E., JR. 2801 ESTERO BLVD STE C FT MYERS BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <i>Shenko, William E., Jr.</i> <i>1661 Estero Blvd Suite 24</i> <i>Ft. Myers Beach FL 33931</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE: *William E. Shenko, Jr.* DATE *1-21-02* DAYTIME PHONE # *941 463 3100*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)