

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K80318

1. Entity Name

RONALD WITKOWSKI, P.A.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90005 015 \*\*\*150.00

Principal Place of Business

Mailing Address

12798 W. FOREST HILL BLVD.  
SUITE 202  
WELLINGTON FL 33414  
US

12798 W. FOREST HILL BLVD.  
SUITE 202  
WELLINGTON FL 33414-4751  
US

00027736



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

12798 W FOREST HILL BLVD  
Suite, Apt. #, etc. SUITE 201B

12798 FOREST HILL BLVD  
Suite, Apt. #, etc. SUITE 201B

City & State WELLINGTON, FL

City & State WELLINGTON, FL

4. FEI Number 65-0113022

Applied For  
Not Applicable

Zip 33414 Country USA

Zip 33414 Country USA

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

WITKOWSKI, RONALD ESQ.  
12798 W. FOREST HILL BLVD.  
SUITE 202  
WELLINGTON FL 33414

Name WITKOWSKI, RONALD ESQ  
Street Address (P.O. Box Number is Not Acceptable)  
12798 FOREST HILL BLVD  
SUITE 201B  
City WELLINGTON FL Zip Code 33414

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

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, 2000 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 PD	<input type="checkbox"/> Delete
NAME WITKOWSKI, RONALD	
STREET ADDRESS 12798 W. FOREST HILL BLVD. STE. 202	
CITY-ST-ZIP WELLINGTON FL 33414	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RONALD WITKOWSKI	
STREET ADDRESS 12798 FOREST HILL BLVD, SUITE	
CITY-ST-ZIP WELLINGTON, FL 33414	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* Pres. 1/4/00 561-753-9097  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)