

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90008 040 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # K80318			
1. Entity Name RONALD WITKOWSKI, P.A.			
Principal Place of Business 12798 W. FOREST HILL BLVD. SUITE 201B WELLINGTON FL 33414 US		Mailing Address 12798 W. FOREST HILL BLVD. SUITE 201B WELLINGTON FL 33414 US	
2. Principal Place of Business 12798 W. Forest Hill Blvd. Suite, Apt. #, etc. Suite 202		3. Mailing Address 12798 W. Forest Hill Blvd. Suite, Apt. #, etc. Suite 202	
City & State Wellington, Florida		City & State Wellington, Florida	
Zip 33414	Country US	Zip 33414	Country US
6. Name and Address of Current Registered Agent WITKOWSKI, RONALD ESQ. 12798 W. FOREST HILL BLVD. SUITE 201B WELLINGTON FL 33414		7. Name and Address of New Registered Agent Name Witkowski, Ronald Esquire Street Address (P.O. Box Number is Not Acceptable) 12798 W. Forest Hill Blvd. Suite 202 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 <u><i>Ronald Witkowski, Pres.</i></u> 1/4/01 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WITKOWSKI, RONALD 12798 FOREST HILL BLVD SUITE 201B WELLINGTON FL 33414 <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		
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	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Witkowski, Ronald 12798 W. Forest Hill Blvd., Suite 202 Wellington, FL 33414		
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		
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: <u><i>Ronald Witkowski, Pres.</i></u>		1/4/01 561-753-9093 <small>Daytime Phone #</small>	

CR2E034 (10/00)