FILED

561-624-2001

Date

2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 01, 2002 8:00 am Secretary of State DOCUMENT # K80318 1. Entity Name 4-01-2002 90652 002 ***150 00 RONALD WITKOWSKI, P.A. Principal Place of Business Mailing Address 12798 W. FOREST HILL BLVD. 12798 W. FOREST HILL BLVD. STE 202 STE 202 WELLINGTON FL 33414 WELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address 5060 PGA Blvd., Ste. 211 5606 PGA Blvd.. Ste. 211 Suite, Apt. #, etc. Suite 211 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 211 City & State City & State 4. FEI Number Applied For 65-0113022 Not Applicable Palm Beach Gardens, FL <u>Palm Beach Gardens, FL</u> Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired USA Fee Required USA 33418 33418 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WITKOWSKI, RONALD ESQ. Street Address (P.O. Box Number is Not Acceptable) 12798 W. FOREST HILL BLVD. 5606 PGA Boulevard **STE 202** Suite 211 **WELLINGTON FL 33414** Zip Code Palm Beach Gardens 33418 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) TITLE ☐ Change TITLE ☐ Delete ☐ Addition WITKOWSKI, RONALD NAME NAME 12798 W. FOREST HILL BLVD., STE 202 STREET ADDRESS STREET ADDRESS 5606 PGA Boulevard, Suite 211 CITY-ST-ZIF WELLINGTON FL 33414 CITY-ST-ZIP Palm Beach Gardens, FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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