2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCU 1. Entity Nam									
POLONIA,			FILED						
Principal Place of Business Mailing Address						• -	22 AM 11:		
4350 16 ST N		P.O. BOX 60171			SECRETARY OF STATE				
ST PETÉRSBURG FL 33707 US		ST PETERSBURG FL 33713		SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal P	Place of Business	3. Mailing Address			/				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65-0342088			pplied For ot Applicable	
Zip Country		Zip	Country	5. Certificate of Status Desired		atus Desired	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
AAVALEURAT EUAFIIIIAT				Name					
SOKOLEWICZ, EUGENIUSZ 1200 79TH ST S				Street Address (P.O. Box Number Is Not Acceptable)					
	RSBURG FL 33707								
			City	City FL Zip Code				le	
8. The above	named entity submits this statement for	or the purpose of changing its r	egistered office	or registere	ed agent, or both, in t			and accept	
the obligat	ions of registered agent.				•				
SIGNATURE .		1 P						ĺ	
SIGNATORE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent sign	ature required	when reinstating)	DAT	TE		
	FU C NOW, FEE ID 664 05								
	FILE NOW: FEE IS \$61.25 ember 10, 2003, min will be \$2	9. Election Cam 36.25 Trust Fund Co			\$5.00 May Be Added to Fees		eck Payable partment of \$		
	OCCIOCEDO AND DU	7507000	T 22		BB TIONS (BL)				
TITLE	OFFICERS AND DIF	Delete	11.	T		S TO OFFICERS AND			
NAME	SOKOLEWICZ, EUGENIUSZ				30002355325ange				
STREET ADDRESS CITY-ST-ZIP	1200 70TH ST S ST PETERSBURG FL		STREET ADDRESS CITY-ST-ZIP	ESS 107 007 00 01000 001 44401 ES					
TITLE	VD VD	Delete	TITLE	VD	CTEFA	N RAK	ORZA	Addition 6	
NAME	FIEDOSEWICZ, HELENA	25000	NAME STREET ADDRESS		700 17 A	v NO	•		
STREET ADDRESS CITY-ST-ZIP	••• •••			87	PETERS	BURG FL	337/	3	
TITLE _	VD	Delete	CITY-ST-ZIP	V D	1 /2 /2 /2 /	BURG FL LSOVIEC ET WAY AF	Change	Addition	
NAME	HIPP, CHRISTINE		NAME	, M	VANDAJJA	CF WAY A	24 200		
STREET ADDRESS CITY-ST-ZIP	181 82 AILN SAINT PETERSBURG FL 33702		STREET ADDRESS CITY-ST-ZIP	57	67 SANSI DETE RI	IST WAY AT BACH IST	クラフノボ		
TITLE	T	☐ Delete	TITLE	355	CERY	ACH FL	☐ Change	Addition	
NAME	GORECKI, MIKE		NAME						
STREET ADORESS CITY-ST-ZIP	957 EDGEHIL DR PALM HARBOR FL 34684		STREET ADDRESS CITY-ST-ZIP	1					
TITLE		Gir Helete	TITLE		RETERY		Change	Addition	
NAME	•	1 0.00	NAME	ALIC	CJA KANI	EWSKA			
Street Address (City-St-Zip			STREET ADDRESS CITY-ST-ZIP	STPI	IMU 51 EAC STF BEAC	EWSKA STAQU H FL 3378	06		
TITLE		□ Delete	TITLE	0,,,	· · · · · · · · · · · · · · · · · · ·	, ,	☐ Change	☐ Addition	
NAME !			NAME					_	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
do liberation	and the state of t	al L ZN I	01112312ZIF	1	- 140 07(0)(° =	21-0-1			

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Lugeral Sololewier 6 September 03