

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90050 013 ****61.25

DOCUMENT # N92000000287

1. Entity Name

PULASKI CHARITABLE CORPORATION

Principal Place of Business

**4616 DARLINGTON RD
HOLIDAY FL 34690**

Mailing Address

**4616 DARLINGTON RD
HOLIDAY FL 34690**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3147227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RUTH POJEKY
4616 DARLINGTON RD
HOLIDAY FL 34690**

7. Name and Address of New Registered Agent

Name

RUTH POJEKY

Street Address (P.O. Box Number is Not Acceptable)

4616 DARLINGTON RD

City

HOLIDAY

FL

Zip Code

34690

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

Ruth Pojky

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **POJEKY, RUTH**
STREET ADDRESS **365 WESTWINDS DR**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **D** ☐ Delete
NAME **TADAJEWSKI, LINDA**
STREET ADDRESS **3815 STAYSAIL**
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE **D** ☐ Delete
NAME **PATRICIA SZEWCZYK**
STREET ADDRESS **4022 BADEN DR**
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☐ Addition
NAME **POJEKY RUTH**
STREET ADDRESS **365 WESTWINDS DR**
CITY-ST-ZIP **PALM HARBOR, FL. 34683**

TITLE **D** ☐ Change ☐ Addition
NAME **TADAJEWSKI, LINDA**
STREET ADDRESS **3815 STAYSAIL**
CITY-ST-ZIP **HOLIDAY FL. 34691**

TITLE **D** ☐ Change ☐ Addition
NAME **PATRICIA SZEWCZYK**
STREET ADDRESS **4022 BADEN DR**
CITY-ST-ZIP **HOLIDAY, FL. 34691**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Ruth Pojky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)