

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90965 016 \*\*\*\*\*61.25

**DOCUMENT # N99000001393**

1. Entity Name

**POLISH ARMY VETERANS ASSOCIATION OF AMERICA, INC**  
**. POST NO. 210**



Principal Place of Business

**C/O JOHN PAUL II - POLISH CENTER**  
**1521 N SATURN AVE**  
**CLEARWATER FL 33755**

Mailing Address

**C/O JOHN PAUL II - POLISH CENTER**  
**1521 N SATURN AVE**  
**CLEARWATER FL 33755**  
**US**

11021130



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3510236**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SAWKO, JAN**  
**5228 LANDOVER BLVD**  
**BROOKSVILLE FL 34609**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AC</b> <b>SAWKO, JAN</b> <b>5228 LANDOVER BLVD</b> <b>SPRING HILL FL 34609</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KIERKSKI, JANUSZ</b> <b>3849 LUMA DRIVE</b> <b>HOLIDAY FL 34691-0114</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CHWASTEK, ZOFIA</b> <b>526 HARNOR DRIVE NORTH</b> <b>INDIAN ROCKS BEACH FL 33785</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DOWKONTT, SIMON</b> <b>2525 WEST BAY DRIVE #B33</b> <b>BELLEAIR BLUFFS FL 33770</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WISNIEWSKI, HENRY</b> <b>4895 BAY STREET NE</b> <b>SAINT PETERSBURG FL 33703</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RZONCA, JULIAN</b> <b>5440 8 AVE N</b> <b>SAINT PETERSBURG FL 33710</b>	<input type="checkbox"/> Delete

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Simon Dowkontt*  
**Simon Dowkontt**

**APRIL 25<sup>TH</sup> 2003.**

CR2E037 (10/02)