

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91564 009 ***150.00

DOCUMENT # **P00000037515** ✓
1. Entity Name
Ivan Turczak, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5289 NE 54th Place
Suite, Apt. #, etc.

3. Mailing Address
5289 NE 54th Place
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
High Springs FL

City & State
High Springs, FL

Zip
32643 Country
USA

Zip
32643 Country
USA

4. FEI Number
59-3648101

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Ivan Turczak

Street Address (P.O. Box Number is Not Acceptable)
~~5289 NE 54th Place~~

City
High Springs FL Zip Code
32643

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ivan Turczak 5289 NE 54th Place High Springs, FL 32643
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Linda Turczak 5289 NE 54th Pl. High Springs, FL 32643
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Linda Turczak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary 352-336-4945
Date Daytime Phone #

CR2E034B (12/01)