

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 91415 028 \*\*\*150.00

007181 AV

**DOCUMENT # P00000037515**

1. Entity Name  
**IVAN TURCZAK, INC.**



Principal Place of Business  
**5289 NE 54TH PLACE  
HIGH SPRINGS FL 32643**

Mailing Address  
**5289 NE 54TH PLACE  
HIGH SPRINGS FL 32643**

2. Principal Place of Business  
**5269 NE 54th Place**

3. Mailing Address  
**5269 NE 54th Place**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Same**

City & State  
**Same**

4. FEI Number **59-3648101**

Applied For  
Not Applicable

Zip Country

Zip Country

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**TURCZAK, IVAN  
5289 NE 54TH PLACE  
HIGH SPRINGS FL 32643**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  Delete  
NAME **D TURCZAK, IVAN**  
STREET ADDRESS **5289 NE 54TH PLACE**  
CITY-ST-ZIP **HIGH SPRINGS FL 32643**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **5269 NE 54th Place**  
CITY-ST-ZIP

TITLE  Delete  
NAME **S TURCZAK, LINDA**  
STREET ADDRESS **5289 NE 54TH PL**  
CITY-ST-ZIP **HIGH SPRINGS FL 32643**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **5269 NE 54th Place**  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Delete  
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 607, 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 Linda Turczak** 4/23/03 352-336-4945  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)