2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050154

1. Entity Name

REGINA M. BRZOZOWSKI, P.A.

Principal Place of Business	Mailing Address
203 KERNEYWOOD STREET #8	203 KERNEYWOOD STREET #8
LAKELAND FL 33803	LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address		
2706 Eden Parkway	2706 Eden Parkway		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4.** FEI Number 59-3661077	Applied For / Not Applicable
Lakeland, FL	Lakeland, FL		
Zip 33803	Country USA	Zip 33803	Country USA

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
BRZOZOWSKI, REGINA M ESQ. 203 KERNEYWOOD STREET #8 LAKELAND FL 33803	Name Regina M. Brzozowski Street Address (P.O. Box Number is Not Acceptable) 2706 Eden Parkway City Lakeland FL Zip Code 33803

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 _____

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

DATE April 30, 2002

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

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
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		**12.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME BRZOZOWSKI, REGINA M STREET ADDRESS 547 W CAROLE STREET CITY-ST-ZIP LAKELAND FL 33803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/0/1)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 2002   (863)683-1985

Date   Daytime Phone #