

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0103455 AV

DOCUMENT # **P00000050154**

1. Entity Name
REGINA M. BRZOWSKI, P.A.



FILED

03 OCT 27 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

Principal Place of Business
**2706 EDEN PARKWAY
LAKELAND FL 33803**

Mailing Address
**2706 EDEN PARKWAY
LAKELAND FL 33803**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3661077**

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

**BRZOWSKI, REGINA M ESQ.
2706 EDEN PARKWAY
LAKELAND FL 33803**

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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 **P** ☐ Delete
NAME **BRZOWSKI, REGINA M**
STREET ADDRESS **547 W CAROLE STREET**
CITY-ST-ZIP **LAKELAND FL 33803**

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

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

October 10, 2003 301 562-2825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

October 10, 2003

Glenda E. Hood, Secretary of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

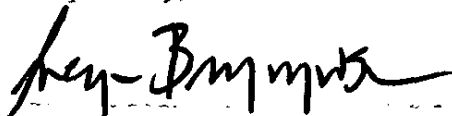
RE: FEIN: 59-3661077

Dear Ms. Hood,

I did not receive prior notice of the annual report and I did not receive timely notice of the 60 day dissolution action. Kindly find an enclosed check for \$150.00 and another for \$88.75 for the supplemental fee requirement. I can be contacted at 301.980.6574 if you have any questions or concerns.

Thank you for your time and attention to this matter.

Respectfully,



Regina Brzozowski

Enclosures