

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0103455 AV

FILED

03 OCT 27 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000050154**



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

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

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



2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

REINSTATEMENT
CHECK HERE IF REINSTATEMENT CHANGES

4. FEI Number **59-3661077**
Applied For
Not Applicable

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.
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	<input type="checkbox"/> Delete
NAME	BRZOZOWSKI, REGINA M	
STREET ADDRESS	547 W CAROLE STREET	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

300024167553
10/27/03--01062--026 **150.00

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: *Regina M. Brzozowski*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 10, 2003 301 562 2825
Date Paying 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

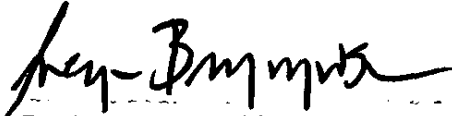
RE: FEIN: 59-3661077

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