

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90021 007 \*\*\*150.00

**DOCUMENT # P00000097609**

1. Entity Name

**JOHN W. KRAWCZUK, D.D.S., PA**

Principal Place of Business

Mailing Address

1413 HARNESS HORSE LANE NO-102  
 BRANDON FL 33511

1413 HARNESS HORSE LANE NO-102  
 BRANDON FL 33511

150194



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

175 TEQUESTA DRIVE

3. Mailing Address

175 TEQUESTA DRIVE

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

TEQUESTA, FL

City & State

TEQUESTA, FL

4. FEI Number

59-3679202

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip

33469

Country

USA

Zip

33469

Country

USA

6. Name and Address of Current Registered Agent

**KRAWCZUK, JOHN W**  
**1413 HARNESS HORSE LANE NO-102**  
**BRANDON FL 33511**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

175 TEQUESTA DRIVE SUITE A

City

TEQUESTA,

FL

Zip Code

33469

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

*John W. Krawczuk*

John W. Krawczuk

4/2/01

Signature, typed or printed name of registered agent and title, if applicable.

(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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	KRAWCZUK, JOHN W	1413 HARNESS HORSE LANE NO-102	BRANDON FL 33511	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		175 TEQUESTA DRIVE SUITE A	TEQUESTA, FL 33469	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *John W. Krawczuk*

John W. Krawczuk

4-2-01 (561)746-4477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #