

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000109605

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

Entity Name: MICHAEL J. SOFILKA, C.P.A., P.A.

**Current Principal Place of Business:**

1449 NEWTON STREET  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

1449 NEWTON STREET  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

FEI Number: 65-1059477

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: SOFILKA, MICHAEL J  
Address: 1449 NEWTON STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. SOFILKA

PRES

04/29/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date