

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000092270

1. Entity Name
RONSKI INVESTMENT INC.

Principal Place of Business
1004 SAVANNAH FALLS DR
WESTON FL 33327

Mailing Address
1004 SAVANNAH FALLS DR
WESTON FL 33327

2. Principal Place of Business
7134 BERRACAS Way
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Boca Raton
Zip 33433 Country Palm Beach

City & State
Zip
Country

4. FEI Number
65-1150778
Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHILEY, JOHN G
7875 BIRD RD, SUITE 221
MIAMI FL 33155

7. Name and Address of New Registered Agent

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.

SIGNATURE

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, 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 D
NAME MYSLINSKI, RONALD F
STREET ADDRESS 1004 SAVANNAH FALLS DR
CITY-ST-ZIP WESTON FL 33327

Delete

T/S
NAME MYSLINSKI, MARGARET E
STREET ADDRESS 1004 SAVANNAH FALLS DR
CITY-ST-ZIP WESTON FL 33327

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
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CITY-ST-ZIP

Change Addition

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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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.

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SIGNATURE: *Sue Myslinski* *Ronald F. Myslinski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90080 022 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

1/15/02 561-395-4247

Daytime Phone #