

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90167 033 ***150.00

DOCUMENT # P01000105884

1. Entity Name
MONI MACIEJEWSKI, C.R.N.A., INC.



Principal Place of Business
**2249 LONGBOAT DR.
NAPLES FL 34104**

Mailing Address
**2249 LONGBOAT DR.
NAPLES FL 34104**



2. Principal Place of Business

2297 LONGBOAT DR.
Suite, Apt. #, etc.

3. Mailing Address

2297 LONGBOAT DR.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
NAPLES FL

City & State
NAPLES FL

4. FEI Number **59-3759973**

Applied For
Not Applicable

Zip **34104** Country **COLLIER**

Zip **34104** Country **COLLIER**

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

6. Name and Address of Current Registered Agent

**MACIEJEWSKI, MONI
2249 LONGBOAT DR.
NAPLES FL 34104**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2297 LONGBOAT DR.
City **NAPLES** FL Zip Code **34104**

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 **MONI MACIEJEWSKI**
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE **D** ☐ Delete
NAME **MACIEJEWSKI, MONI**
STREET ADDRESS **2249 LONGBOAT DR.**
CITY-ST-ZIP **NAPLES FL 34104**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **MACIEJEWSKI, MONI**
STREET ADDRESS **2297 LONGBOAT DR.**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **MONI MACIEJEWSKI** 2-23-03 643-5894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)