

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91154 026 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <i>P02000030716</i>	
1. Entity Name <i>Lee Ann mialki PA</i>	

DO NOT WRITE IN THIS SPACE

11040717

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>4342 S. Atlantic Ave</i> Suite, Apt. #, etc. <i>Ponce Inlet FL</i> City & State <i>32127</i> Country	3. Mailing Address <i>555 W. Granada Blvd</i> Suite, Apt. #, etc. <i>B-5</i> City & State <i>Ormond Bch FL</i> Zip <i>32174</i> Country <i>USA</i>	4. FEI Number <i>01-0625078</i>	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <i>Joe Loguidice CPA</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>555 W. Granada Blvd Ste B-5</i>	
City <i>Ormond Bch</i>	State <i>FL</i> Zip Code <i>32174</i>

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 date if applicable. <i>January 1 - May 1 Fee is \$150.00</i> <i>After May 1, Fee is \$550.00</i> <i>Amended UBR is \$61.25</i> 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 <i>(P)</i> NAME <i>Lee Ann mialki</i> STREET ADDRESS <i>4342 S. Atlantic Ave</i> CITY-ST-ZIP <i>Ponce Inlet FL 32127</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE <i>Lee Ann Mialki</i>	Date <i>5-2-03</i> <i>(386) 7565680</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Continue Page #