

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000031689

1. Entity Name

RAYMOND E. MAKOWSKI, P.A.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90989 004 ***150.00

Principal Place of Business

Mailing Address

4651 SALISBURY ROAD, SUITE 160
 JACKSONVILLE, FL 32256-6190

C0058846

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4651 SALISBURY ROAD

3. Mailing Address

P.O. BOX 551174

Suite, Apt. #, etc.

SUITE 160

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

593179821

Applied For

☒ Not Applicable

Zip

32256-6190

Country

USA

Zip

32255-1174

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME RSTP
 STREET ADDRESS RAYMOND E. MAKOWSKI
 CITY-ST-ZIP 4651 SALISBURY RD, SUITE 160
 JACKSONVILLE, FL 32256-6190

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-01 (904) 286-4777

CR2E034 (11/00)