

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000081399**

1. Entity Name

JONCZAK & ASSOCIATES, INC.

Principal Place of Business

**8222 S E ROYAL STREET
HOBE SOUND FL 33455**

Mailing Address

**8222 S E ROYAL STREET
HOBE SOUND FL 33455**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0454303

Applied For

Not Applicable

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

**MAIUCCI, JOHN E
C/O JOHN E MAIUCCI ATTORNEY AT LAW
55 E OSCEOLA STREET SUITE 200
STUART FL 34994**

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	D	<input type="checkbox"/> Delete
NAME	JONCZAK, THEODORE	
STREET ADDRESS	8222 SE ROYAL STREET	
CITY-ST-ZIP	HOBE SOUND FL 33455	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	JONCZAK, HAZEL	
STREET ADDRESS	8222 SE ROYAL STREET	
CITY-ST-ZIP	HOBE SOUND FL 33455	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:*Theodore Jonczak*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Theodore Jonczak****3/23/01**

Date

561-546-1895

Daytime Phone #

CR2E034 (10/00)

0315197

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90055 037 ***150.00



DO NOT WRITE IN THIS SPACE