2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000017353 **DOCUMENT #**

1. Entity Name

PONIKVAR & ASSOCIATES, INC.



Principal Place of Business 5700 S.W. 34TH ST. **SUITE 1307**

Mailing Address 5700 S.W. 34TH ST. **SUITE 1307**

GAINESVILLE FL 32608		GAINESVILLE FL 32608				
2. Principal Place	e of Business	3. Mailing Addre	ess			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			

FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90763 001 *****8.75 01-13-2003 90763 002 ***150.00

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Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
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					30 0220 171			ot Applicable		
Country Zip		Coun	Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required			
6. Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Registered Agent							
			Name							
PONIKVAR, JACK W				Street Address (P.O. Box Number is Not Acceptable)						
34TH ST.				_	· ·			-		
7		•								
LE FL 32608			City			FI	Zip Coc	ie		
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no or registered agents										
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, ; 7 L	Country 6. Name and Address of Cu JACK W 34TH ST. 7 LE FL 32608 harned entity submits this statements of registered agent. ignature, typed or printed name of registered. E NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550 Payable to Florida Departments	Country Country Zip 6. Name and Address of Current Registered Agent JACK W 34TH ST. 7 LE FL 32608 Inamed entity submits this statement for the purpose of changing it ons of registered agent. (NC LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTORS D PONIKVAR, JACK W 5700 S.W. 34TH ST. #1307 GAINESVILLE FL 32608 Delete	Country Country Zip Country JACK W 34TH ST. LE FL 32608 The purpose of changing its registered agent and title if applicable. In NOTE: Registered agent. (NOTE: Registered agent and title if applicable. LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTORS Delete TITLE Delete TITLE NAM STRE CITY Delete	Country Zip Country Amme And Address of Current Registered Agent Name JACK W 34TH ST. LE FL 32608 City C	Country Zip Country 5. Cert 6. Name and Address of Current Registered Agent 7. Name Name Street Address (P.O. Box I Street Address (P.O. Box I City City	Country Zip Country S. Certificate of Status Desired 6. Name and Address of Current Registered Agent JACK W 34TH ST. 7 LE FL 32608 City Street Address (P.O. Box Number is Not Acceptable) Parmed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florins of registered agent. (NOTE: Registered Agent signature received when reinstating) 9. Election Campaign Final Trust Fund Contribution Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICE Delete OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICE NAME SIRET ADDRESS CITY-SI-ZIP Delete TITLE NAME SIRET ADDRESS CITY-SI-ZIP DELETOR TITLE NAME SIRET ADDRESS CITY-SI-ZIP DELE	Country Country Country 5. Certificate of Status Desired Annual Address of Current Registered Agent 7. Name and Address of New Registered Name Street Address (P.O. Box Number is Not Acceptable) City Figure Address (P.O. Box Number is Not Acceptable) City Figure Address (P.O. Box Number is Not Acceptable) City Figure Address (P.O. Box Number is Not Acceptable) City Figure Address (P.O. Box Number is Not Acceptable) DATE LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTORS Detele If If NAME STREET ADDRESS CITY-ST-ZP Detele TITLE NAME STREET ADDRESS CITY-ST-ZP Detele NAME	Country Zip Country 5. Certificate of Status Desired Respective Re		

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:

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