

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 16, 2000 8:00 am
Secretary of State

04-12-2000 90015 046 ***150.00

DOCUMENT # P94000051316

1. Entity Name

MICHAEL BIKOWICZ A.C., INC.

Principal Place of Business

Mailing Address

16823 80 ST N
 LOXAHATCHEE FL 33470
 US

PO BOX 210184
 ROYAL PALM BEACH FL 33421-0184
 US

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

65-0536840

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

BIKOWICZ, CATHLEEN
PO BOX 210184 16823 80 STN
ROYAL PALM BEACH FL 33421
 Loxahatchee FL 33470

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD <input type="checkbox"/> Delete	BIKOWICZ, MICHAEL	PO BOX 210184 N/A	16823 80 ST N ROYAL PALM BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
			Loxahatchee FL 33470				

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: *Cathleen Bikowicz*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-00 561-478-8099
 Date Daytime Phone #