2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000075640

1. Entity Name

CHARLES N. TETUNIC, P.A.

Principal Place of Business

Mailing Address

701 W. TROPICAL WAY PLANTATION FL 33317

701 W. TROPICAL WAY PLANTATION FL 33317

2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State							
						7:-	Country	Zin	Country

FILED Feb 01, 2001 8:00 am Secretary of State

02-01-2001 90043 048 ***150.00



Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
City & State Cit		City & State	City & State 4		65-0530317		Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate	of Status Desired	□ \$8.75 Fee Requ			
	6. Name and Address of Current Re	gistered Agent		7. Name and	Address of New Ro	egistered Agent			
			Name				·		
TETUNIC, CHARLES N 1137 NW 65 CT. PARKLAND FL 33076			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
			City /LAN	KATION		FL Zip C	3317 ·		
8. The above	named entity submits this statement for t	he purpose of changing its	registered office or regis	stered agent, or both	n, in the State of Flo	rida.	,		
SIGNATURE									
SIGNATORE	Signature, typed or printed name of registered agent and	title if applicable. (NOT	E: Registered Agent signature requ	ired when reinstating)		DATE	<u> </u>		
Tax filing requirement and elects to do so. After MAY 1, 200		!! FEE IS \$150.00 01 Fee will be \$550.0 ble to Department of S	O Tru:	ction Campaign Finanti st Fund Contribution		5.00 May Be ded to Fees			
11.	OFFICERS AND DI	IRECTORS	12.	ADDITIONS/	CHANGES TO OFFI	ICERS AND DIRECT	ORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TETUNIC, CAHRLES N 701 W. TROPICAL WAY PLANTATION FL 33317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chan	ge 🔲 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PERMATION 1E 33017	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chan	ge 🔲 Addition		
TITLE		☐ Delete	TITLE			☐ Chan	ge		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		✓ □ Delete	STREET ADDRESS			☐ Chan	ge Addition		
STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Chan			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR