


**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 6940000 73640
 1. Entity Name
CHARLES N. TETUNIC, P.A. 

55053646

DO NOT WRITE IN THIS SPACE



2. Principal Place of Business
701 W. TROPICAL WAY
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PLANTATION, FL

City & State
 City: PLANTATION State: FL

4. FEI Number
650530317

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip 33317 Country BROWARD Zip 33317 Country

7. Name and Address of Current Registered Agent

Name CHARLES N. TETUNIC

Street Address (P.O. Box Number, Not Acceptable)
701 W. TROPICAL WAY

City PLANTATION FL Zip Code 33317

**DO NOT WRITE
 IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature (print or printed name of registered agent and use if applicable) (NOTE: Registered Agent signature required when cancelling)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$350.00
 Amended UBR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to: Florida Department of State.

10. OFFICERS AND DIRECTORS			
TITLE	<u>PRUBS</u>	TITLE	
NAME	<u>CHARLES N. TETUNIC</u>	NAME	
STREET ADDRESS	<u>701 W. TROPICAL WAY</u>	STREET ADDRESS	
CITY- ST- ZIP	<u>PLANTATION, FL 33317</u>	CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

**DO NOT WRITE
 IN THIS SPACE**

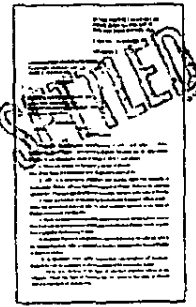
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE Charles Tetunic (CHARLES TETUNIC) 7/11/03 (694)764-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Phone #

CR2E0348 (12/02)

Attachment 55053644

██████████
P94000075640



MEDIATION, INC.

Bank of America Tower
One Financial Plaza
Fort Lauderdale, FL 33394

Please Reply To:
P.O. Box 4978
Fort Lauderdale, FL 33338

Mediation Facilities:
Ft. Lauderdale
Miami
West Palm Beach
Stuart

(954) 764-1000
FAX (954) 767-0505
USA (800) 741-7000

7/22/03

To whom it may concern:

I did not receive my original report this year. Please waive the \$400 late charge.

Enclosed is the correction you requested. Please file my report now. If there are any questions, I can be reached at (954) 764-1000.

Thank you for your courtesy & cooperation.

Very truly yours,
Charles T. [Signature]

Attachment

55053646

AP94000075040

MEDIATION, INC.

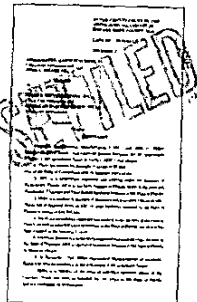
Bank of America Tower
One Financial Plaza
Fort Lauderdale, FL 33394

Please Reply To:
P.O. Box 4978
Fort Lauderdale, FL 33338

Mediation Facilities:
Ft. Lauderdale
Miami
West Palm Beach
Stuart

(954) 764-1000
FAX (954) 767-0505
USA (800) 741-7000

8/5/03



To whom it may concern,

Even though I previously submitted
the attached letter, I ~~was told that~~
I must submit it to you for waiver
of the \$ 400 late charge. I ~~never~~ received
the original report this year.

Please waive the charge & have
my report filed. Thank you for
your courtesy & cooperation.

Very truly yours,
Curtis Peterson