

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000000460

1. Entity Name

MARK J. CHMIELARSKI, P.A.

FILED
May 17, 2001 8:00 am
Secretary of State

0612520

05-17-2001 90244 001 ***300.00

Principal Place of Business

950 W WINTER PK DR
STE 200
CASSELBERRY FL 32707
US

Mailing Address

950 W WINTER PK DR
STE 200
CASSELBERRY FL 32707

2. Principal Place of Business

170 Bloxham Avenue

3. Mailing Address

170 Bloxham Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange City, FL

City & State

Orange City, FL

Zip
32763

Country
USA

Zip
32763

Country
USA

4. FEI Number

59-3287112

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHMIELARSKI, M J
950 S WINTER PK DR
STE 200
CASSELBERRY FL 32707

Name

Street Address (P.O. Box Number is Not Acceptable)

170 Bloxham Avenue

City

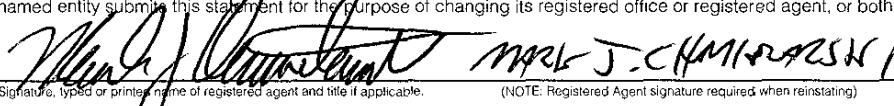
Orange City

FL

Zip Code
32763

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


Mark J. CHMIELARSKI

4-30-01

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PVTS
CHMIELARSKI, MARK J.
950 S WINTER PK DR, STE 200
CASSELBERRY FL 32707

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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.


Mark J. Chmielarski as Pres.

4-30-01, 386-774-6552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)