

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-17-2001 90244 001 ***300.00

DOCUMENT # P95000000460

1. Entity Name

MARK J. CHMIELARSKI, P.A.

Principal Place of Business

Mailing Address

**950 W WINTER PK DR
STE 200
CASSELBERRY FL 32707
US**

**950 W WINTER PK DR
STE 200
CASSELBERRY FL 32707
US**

2. Principal Place of Business

3. Mailing Address

170 Bloxham Avenue

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

7. Name and Address of New 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 **MARK J. CHMIELARSKI**

4-30-01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVTS** ☐ Delete
NAME **CHMIELARSKI, MARK J.**
STREET ADDRESS **950 S WINTER PK DR, STE 200**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Mark J. Chmielarski*

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 #

CP2E034 (10/00)

0612520