2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

TURE AND TYPED OR PRINTED NA

ME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P95000037601 1. Entity Name John D. Malkowski, P.A. 04-23-2001 90056 002 ***150.00 Principal Place of Business Mailing Address 2610 W HILLSBOROUGH 2610 W HILLSBOROUGH #101 #101 **TAMPA FL 33614 TAMPA FL 33614** Principal Place of Business 3. Mailing Address 2814 MARTIN INTHER KING DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3316195 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MALMOWSHI MALKOWSKI, JOHN D Address (P.O. Box Number is Not Acceptable) 2610 W HILLSBOROUGH #101 **TAMPA FL 33614** 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete Change Addition NAME MALKOWSKI, JOHN D 2814 MARTIN LUTHER TING BOND STREET ADDRESS 2610 W HILLSBOROUGH AVE #101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33014 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.