

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91437 037 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000098013

1. Entity Name
PATRICIA A. DZIKOWSKI, P.A.



Principal Place of Business
1601 SAWGRASS CORPORATE PARKWAY
SUITE 120
FT LAUDERDALE, FL 33323

Mailing Address
1601 SAWGRASS CORPORATE PARKWAY
SUITE 120
FT LAUDERDALE, FL 33323

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0632654

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DZIKOWSKI, PATRICIA A ESQ
1601 SAWGRASS CORPORATE PARKWAY
SUITE 120
FT LAUDERDALE, FL 33323

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
DZIKOWSKI, PATRICIA A
4300 NORTH UNIVERSITY DRIVE, SUITE A-206
FT LAUDERDALE, FL 33361 ☐ Delete

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

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 11 if changed, or on an attachment to this address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #

4/30/03
954-835-0770

CR2EC04 (10/02)