

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90022 016 ***150.00

DOCUMENT # P96000029294

1. Entity Name
WANDA & JOHN ALTERATIONS INC.

Principal Place of Business
**3967 COUNTRY VIEW DR
 SARASOTA FL 34233**

Mailing Address
**3967 COUNTRY VIEW DR
 SARASOTA FL 34233**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0656525**

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

~~ZABOLOTNY, STEVE
 8800 - 49TH ST. NORTH
 SUITE 406-5
 PINELLAS PARK FL 34666~~

**WE REQUESTED
 THIS CHANGE
 LAST YEAR**

Name **MICHAEL D. PASEK**

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

4851 85TH AVE.

City **PINELLAS PARK FL**

Zip Code **33781**

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 *Michael Pasek*

REGISTERED AGENT

2/04/01

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 **P** Delete
 NAME **RYBARCZYK, WANDA B**
 STREET ADDRESS **3967 COUNTRY VIEW DR**
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **P** Change Addition
 NAME **WANDA BIALKOWSKA**
 STREET ADDRESS **3967 COUNTRY VIEW DR**
 CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **V** Delete
 NAME **RYBARCZYK, JANUSZ**
 STREET ADDRESS **3967 COUNTRY VIEW DR**
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 *Wanda Bialkowska*

WANDA BIALKOWSKA, PRES

Date

Daytime Phone #

CR2E034 (10/00)