

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


**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90240 024 \*\*\*150.00

0121899 AV

**DOCUMENT # P96000080771**

1. Entity Name  
**CHARLES C. KRAWCZYK, P.A.**



Principal Place of Business  
**95 BULLDOG  
STE 207  
MELBOURNE FL 32901**

Mailing Address  
**95 BULLDOG  
STE 207  
MELBOURNE FL 32901**



2. Principal Place of Business  
**2380 N. RIVERSIDE DR**  
Suite, Apt. #, etc.

3. Mailing Address  
**2380 N. RIVERSIDE DR**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**MELBOURNE FL**

City & State  
**MELBOURNE FL**

Zip  
**32903**

Country  
**BREVARD**

Zip  
**32903**

Country  
**BREVARD**

4. FEI Number **59-3405346**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST.  
STE. 1  
TALLAHASSEE FL 32301-1283**

7. Name and Address of New Registered Agent

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 *Charles C Krawczyk* **4/14/03**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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

|   |  |
|---|--|
| TITLE<br><b>D</b>                           | <input checked="" type="checkbox"/> Delete |
| NAME<br><b>KRAWCZYK, CHARLES C</b>          |  |
| STREET ADDRESS<br><b>95 BULLDOG STE 207</b> |  |
| CITY-ST-ZIP<br><b>MELBOURNE FL 32901</b>    |  |
| TITLE                                       | <input type="checkbox"/> Delete            |
| NAME  |  |
| STREET ADDRESS                              |  |
| CITY-ST-ZIP                                 |  |
| TITLE                                       | <input type="checkbox"/> Delete            |
| NAME  |  |
| STREET ADDRESS                              |  |
| CITY-ST-ZIP                                 |  |
| TITLE                                       | <input type="checkbox"/> Delete            |
| NAME  |  |
| STREET ADDRESS                              |  |
| CITY-ST-ZIP                                 |  |
| TITLE                                       | <input type="checkbox"/> Delete            |
| NAME  |  |
| STREET ADDRESS                              |  |
| CITY-ST-ZIP                                 |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |
|--|--|
| TITLE<br><b>D</b>                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>CHARLES C. KRAWCZYK</b>             |  |
| STREET ADDRESS<br><b>2380 N. RIVERSIDE DR.</b> |  |
| CITY-ST-ZIP<br><b>MELBOURNE FL 32903</b>       |  |
| TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |  |
| STREET ADDRESS                                 |  |
| CITY-ST-ZIP                                    |  |
| TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |  |
| STREET ADDRESS                                 |  |
| CITY-ST-ZIP                                    |  |
| TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |  |
| STREET ADDRESS                                 |  |
| CITY-ST-ZIP                                    |  |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles C Krawczyk* **4/14/03** **321-773-3819**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)