## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jul 19, 2000 8:00 am Secretary of State DOCUMENT # P9700003654 1. Entity Name STUDNICKY & COMPANY, INC. 07-19-2000 90154 030 \*\*\*150.00 Principal Place of Business Mailing Address 20077-DEL-LUNA DR 20077-DEL-LUNA-DR BOGA-RATON PL 33433 BOCA RATON FL 33433 H, OCEAN # BOULEU ARD PRT — 140 — FT, LAUGERD ALE, FL-33308 2. Principal Place of Business | 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 54-1049300 Not Applicable Zip .... 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 BLVD STUDDICKY STUDNICKY, JOHN P Street Address (P.O. Box Number is Not Acceptable) 20077 DELLUNA DR 2701 H, OCEAH DE, BOCA RATON FL 33496 APT IUD FT, LAWEEDAK, FL-33308 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE Delete TITLE STUDNICKY, JOHN P 7701 NAME NAME U, Octomb STREET ADDRESS 20877 DEL-LUNA DR STREET ADDRESS CITY-ST-ZIP BOCA-RATON FL 33433 CITY-ST-ZIP ☐ Change ☐ Addition TITLE r, lauder bale STREET ADDRESS , 33308 CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CJTY-ST-ZiP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Attachmente 1)#97000003651 10000003651

Thursday, July 13, 2000

TO:

Florida Department of State Katherine Harris Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

From:

Jack Studnicky
Studnicky & Company
2701 North Ocean Boulevard
Apartment 14 D
Ft. Lauderdale, FL 33308

Madam:

I had not received any other communication other than the 2<sup>nd</sup> Notice. Accordingly, I called the number provided and was instructed to send this note along with a check for \$150. I hope this is satisfactory. If there is a misunderstanding, kindly call me at 954 396 3113. Thank you

Sincerely,

Jack Studnicky, President Fed. ID #54 1049 300

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