

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90266 042 ***150.00

DOCUMENT # P97000034643

1. Entity Name
JOAN PLOSHNICK, P.A

Principal Place of Business

**5730 NW 22 AVE.
 BOCA RATON FL 33496**

Mailing Address

**5730 NW 22 AVE.
 BOCA RATON FL 33496**

2. Principal Place of Business

6683 Montego Bay Blvd

Suite, Apt. #, etc.

F

City & State

BOCA RATON FL

Zip

33433

Country

USA

3. Mailing Address

6683 Montego Bay Blvd

Suite, Apt. #, etc.

F

City & State

BOCA RATON FL

Zip

33433

Country

USA

6. Name and Address of Current Registered Agent

**PLOSHNICK, JOAN
 5730 NW 22 AVE.
 BOCA RATON FL 33496**

**6683 Montego Bay Blvd
 Apt # F
 BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name **Joan Ploshnick**

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

6683 Montego Bay Blvd

Apt # F

City

BOCA RATON

FL

Zip Code

33433

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

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

TITLE **D** ☐ Delete
 NAME **PLOSHNICK, JOAN**
 STREET ADDRESS **5730 NW 22 AVE.**
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/01

CR2E034 (10/00)