

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 23, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000045761**1. Entity Name  
JAMES F. KOZLOWSKI, P.A.Principal Place of Business  
7575 DR PHILLIPS BLVD  
STE #170  
ORLANDO FL 32819 US  
Mailing Address  
479 LAKE ROAD  
LAKE MARY FL 32746 US2. Principal Place of Business  
320 W SABAL PALM PL

3. Mailing Address

Suite, Apt. #, etc.  
STE #300

Suite, Apt. #, etc.

City & State  
LONGWOOD FL

City &amp; State

Zip  
32779 Country  
USZip  
Country4. FEI Number  
59-3452656Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

KOZLOWSKI JAMES F  
479 LAKE ROAD  
  
LAKE MARY FL  
32746

## 7. Name and Address of New Registered Agent

Name  
KOZLOWSKI JAMES F  
Street Address (P.O. Box Number is Not Acceptable)  
479 LAKE ROAD  
  
City  
LAKE MARY FL Zip Code  
32746

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 \_\_\_\_\_ 04/23/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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	ST		<input type="checkbox"/> Delete
NAME	KOZLOWSKI	JUDITH T.	
STREET ADDRESS	479 LAKE RD		
CITY-ST-ZIP	LAKE MARY	FL 32746	
TITLE	P		<input type="checkbox"/> Delete
NAME	KOSLOWSKI	JAMES F.	
STREET ADDRESS	479 LAKE RD		
CITY-ST-ZIP	LAKE MARY	FL 32746	
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			

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOZLOWSKI	JUDITH TVP	
STREET ADDRESS	479 LAKE RD		
CITY-ST-ZIP	LAKE MARY	FL 32746	
TITLE	P		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOZLOWSKI	JAMES FPRES	
STREET ADDRESS	479 LAKE RD		
CITY-ST-ZIP	LAKE MARY	FL 32746	
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			

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: James F Kozlowski

Pres 04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)