

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90002 033 ***150.00

DOCUMENT # P97000075388

1. Entity Name
CAROL MATWICZYK, INC.

Principal Place of Business Mailing Address
315 SOUTH COUNTY ROAD 1215 NORTH LAKE WAY
PALM BEACH FL 33480 PALM BEACH FL 33480

2. Principal Place of Business **1215 NORTH LAKE WAY** 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **PALM BEACH, FL** City & State

Zip **33480** Country **PALM BEACH** Zip Country

51



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0776740** Applied For
 Not Applicable

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

MATWICZYK, PETER
1215 NORTH LAKE WAY
PALM BEACH FL 33480

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P MATWICZYK, C	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	1215 N LAKE WAY		
	PALM BCH FL 33480		
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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: [Signature] **CAROL MATWICZYK** 3.14.01 (561) 248-6939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (10/00)