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Jul 04, 2002 8:00 am
Secretary of State
05-21-2002 91147 039 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000086527

1. Entity Name: PAWLAK CONSTRUCTION CLEANUP, INC (PCCI)

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37680 [redacted]

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2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For / Not Applicable
2593 MACON CIRCLE Suite, Apt. #, etc.	2593 MACON CIRCLE Suite, Apt. #, etc.	65-0797998	
City & State: N. FT MYERS Zip: 33917 County: USA	City & State: N. FT MYERS Zip: 33917 County: USA	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CATHERINE B. PAWLAK

Street Address (P.O. Box Number is Not Acceptable):
2593 MACON CIRCLE

City: N. FT MYERS FL Zip Code: 33917

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: Catherine B Pawlak DATE: 4-28-02

(Signature, typed or printed name of registered agent, and title if applicable. NOTE: Registered agent signature required when changing.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

Fee: If January 1 - May 1, Fee is $150.00; After May 1, Fee is $300.00. Amending UBR is $61.25. 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	PRES/V.P.
NAME	JEFFREY D. PAWLAK
STREET ADDRESS	2593 MACON CIRCLE
CITY-ST-ZIP	N. FT MYERS, FL 33917
TITLE	SEC/TREAS
NAME	CATHERINE B. PAWLAK
STREET ADDRESS	2593 MACON CIRCLE
CITY-ST-ZIP	N. FT MYERS, FL 33917
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Catherine B. Pawlak CATHERINE B. PAWLAK 4-30-02 (239) 731-0451

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)