

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2001 8:00 am**  
**Secretary of State**

08-13-2001 90004 042 \*\*\*150.00

081019 AV

**DOCUMENT # P98000000125**

1. Entity Name  
**OKONSKI INC.**

Principal Place of Business  
**3975 JOG RD  
 GREENACRES CITY FL 33467**

Mailing Address  
**3975 JOG RD  
 GREENACRES CITY FL 33467**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0802850**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**OKONSKI, MIRTA I  
 611 WOOLBRIGHT RD, APT 408A  
 BOYNTON BEACH FL 33435**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 ☐ Delete  
**D**  
 NAME **OKONSKI, MIRTA I**  
 STREET ADDRESS **611 WOOLBRIGHT RD, APT 408A**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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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  
 STREET ADDRESS  
 CITY-ST-ZIP

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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 like empowered.

**SIGNATURE** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/6/01**  
 Date

**386-258-5880**  
 Daytime Phone #

CR2E034 (5/01)

Daytona Business Services  
944 South Ridgewood Avenue  
P.O. Box 229  
Daytona Beach, FL 32115

Attachment  
~~#P9800000125~~  
B0062003

Tuesday, August 07, 2001

Uniform Business Report Filings  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: Okonski Inc  
FEI #65-0802850

Dear Sir:

Please be advised that the above mentioned customer has been out of the country and did not receive their original notice. Please delete all penalties and interest. A check in the amount of \$150.00 is enclosed. All future payments will be made in a timely manner. Thank you.

Sincerely,

  
Susan L. Kidd