

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006399

1. Entity Name
LEONARD L. LISZEWSKI, P.A.

Principal Place of Business Mailing Address
2110 CLEVELAND AVE. 2110 CLEVELAND AVE.
FT. MYERS FL 33901 FT. MYERS FL 33901

2. Principal Place of Business 3. Mailing Address
FT. MYERS FL Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

FILED
Jan 10, 2002 8:00 am
Secretary of State
01-10-2002 90014 048 ***150.00

00001000



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0811479 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

LISZEWSKI, LEONARD L ESQ.
2110 CLEVELAND AVE.
FT. MYERS FL 33901

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 _____ 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, 2002 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 PSTD
NAME LISZEWSKI, LEONARD L
STREET ADDRESS 2110 CLEVELAND AVE.
CITY-ST-ZIP FT. MYERS FL 33901

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Leonard L. Liszewski* Pcs 1-7-02 (941)334-0128
Signature and typed or printed name of signing officer or director Date Daytime Phone #

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CR2E034 (9/01)