

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 05, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000044746**1. Entity Name
CHRISTOPHER J. GULYA, C.P.A., P.A.

Principal Place of Business	Mailing Address
2300 GLADES ROAD	2300 GLADES ROAD
SUITE 155W	SUITE 155W
BOCA RATON FL	BOCA RATON FL
33431	33431

2. Principal Place of Business	3. Mailing Address
10334 TRAILWOOD CIRCLE	10334 TRAILWOOD CIRCLE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State
JUPITER FL	JUPITER FL

4. FEI Number	Applied For
65-0835116	Not Applicable

Zip	Country	Zip	Country
33478		33478	

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**

GULYA CHRISTOPHER JC.P.A.
2300 GLADES ROAD
SUITE 155W
BOCA RATON FL
33431 US

Name	GULYA CHRISTOPHER JC.P.A.
Street Address (P.O. Box Number is Not Acceptable)	10334 TRAILWOOD CIRCLE
City	JUPITER FL
Zip Code	33478

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 **CHRISTOPHER J. GULYA****04/05/2001**

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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**

TITLE	DVS	☐ Delete
NAME	GULYA LINDA M	
STREET ADDRESS	2300 GLADES ROAD, SUITE 155W	
CITY-ST-ZIP	BOCA RATON FL 33431	

TITLE	DVS	☒ Change ☐ Addition
NAME	GULYA LINDA M	
STREET ADDRESS	10334 TRAILWOOD CIRCLE	
CITY-ST-ZIP	JUPITER FL 33478	

TITLE	DPT	☐ Delete
NAME	GULYA CHRISTOPHER JC.P.A.	
STREET ADDRESS	2300 GLADES ROAD, SUITE 155W	
CITY-ST-ZIP	BOCA RATON FL 33431	

TITLE	DPT	☒ Change ☐ Addition
NAME	GULYA CHRISTOPHER JC.P.A.	
STREET ADDRESS	10334 TRAILWOOD CIRCLE	
CITY-ST-ZIP	JUPITER FL 33478	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **LINDA M. GULYA**DVS **04/05/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)