

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 19, 2000 8:00 am**
Secretary of State

01-19-2000 90324 030 ***150.00

00005121

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000051016

1. Entity Name

AMBER J. VOJAK, P.A.

Principal Place of Business

Mailing Address

P.O. BOX 366487
BONITA SPRINGS FL 34136-6487P.O. BOX 366487
BONITA SPRINGS FL 34136-6487

2. Principal Place of Business

16517 VANDERBILT Dr.

3. Mailing Address

P.O. Box 366487

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2City & State
Bonita Springs, FLCity & State
Bonita Spgs., FLZip
34134Country
CollierZip
34136Country
Lee4. FEI Number
59-3514726Applied For
Not Applicable5. 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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

VOJAK, AMBER J. P.A.
3660 KEY LIME COURT
BONITA SPRINGS FL 34134

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 the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amber J. Vojak**1/11/00**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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VOJAK, AMBER J.
P.O. BOX 366487
BONITA SPRINGS FL 34136-6487☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
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☐ Change ☐ AdditionTITLE
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☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Amber J. Vojak
AMBER J. VOJAK

Date

Daytime Phone #

01/11/00 941 948 3620