

# 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 P.O. BOX 366487 BONITA SPRINGS FL 34136-6487	Mailing Address P.O. BOX 366487 BONITA SPRINGS FL 34136-6487
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2. Principal Place of Business <b>16517 VANDERBILT Dr.</b> Suite, Apt. #, etc. <b>2</b>	3. Mailing Address <b>P.O. Box 366487</b> Suite, Apt. #, etc.
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City & State <b>Bonita Springs FL</b>	City & State <b>Bonita Spgs., FL</b>
Zip <b>34134</b>	Zip <b>34136</b>
Country <b>Collier</b>	Country <b>Lee</b>

4. FEI Number <b>59-3514726</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent  
**VOJAK, AMBER J. P.A.**  
**3660 KEY LIME COURT**  
**BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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: *Amber J. Vojak* DATE: 1/11/00

Signature, typed or printed name of registered agent and the 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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>VOJAK, AMBER J.</b> <b>P.O. BOX 366487</b> <b>BONITA SPRINGS FL 34136-6487</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Amber J. Vojak* DATE: 01/11/00 941 948 3620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR Date Daytime Phone #