

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90043 047 ***150.00

DOCUMENT # P98000051016

1. Entity Name
AMBER J. VOJAK, P.A.

Principal Place of Business

16517 VANDERBILT-DR

2

BONITA SPRINGS FL 34134

Mailing Address

P.O. BOX 366487

BONITA SPRINGS FL 34136-6487

00022134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2164 C.J. Lane

3. Mailing Address

2164 C.J. Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

La Belle, FL

City & State

La Belle, FL

4. FEI Number

59-3514726

Applied For

Not Applicable

Zip

33935

Country

Hendry

Zip

33935

Country

Hendry

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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 **AMBER J. VOJAK**

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

2164 C.J. LANE

City

La Belle, FL

FL

Zip Code

33935

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*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/02

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 **D** ☐ Delete
 NAME **VOJAK, AMBER J.**
 STREET ADDRESS **P.O. BOX 366487**
 CITY-ST-ZIP **BONITA SPRINGS FL 34136-6487**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 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

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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: *Amber J. Vojak*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02

Date

941 948 3620

Daytime Phone #

CR2E034 (9/01)