## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE  Signature, hybeid or printed name of registered agent and title if applicable.  NOTE Registered Agent algoration recurred when nonectaring).  DATE  1. In corporation is eligible to satisfy its intangible. Task filing requirement and elects to do so	DOCUMENT # P98000102793  1. Entity Name  KACZYNSKI AND ASSOCIATES, INC.							Apr 18, Secreta 04-18-2002				
\$128 HILLISDE DR \$AFETY HARBOR R, 3665  \$2. Principal Place of Business  \$3. Mailing Address \$3. Mailing Address \$3. Mailing Address \$3. Mailing Address \$4. FEI Niember \$5. Country \$5. Certificate of Sizua Desired \$5. TRE Niember \$5. Certificate of Sizua Desired \$6. Name and Address of Current Registered Agent \$7. Name and Address of New Registered Agent \$6. Name and Address of Current Registered Agent \$7. Name and Address of New Registered \$7. Name and Address of Ne	Principal Place of Business Mailing Address											
Sulfe, Apt. #, etc.  City & State  Sec. Conficate of State Desired  Sec. Conficate of Sec. Conficate of State Desired  Sec. Conficate of State  Sec. Conficate of	3128 HILLLS	ide dr.		3128 HILLLSIDE DR.								
Suite, Apr. #, etc.    DO NOT WRITE IN THIS SPACE	W. C. I. I. I.	10011 1 E 0400	•	ONI ETT TIMIDOTETE ST	•••			1 ( <b>186</b> 1) <b>189</b> 1 (18 <b>6</b> 1 <b>8</b> 18) 1 <b>81</b> (1) <b>60</b> (1) <b>8</b>		<u>)                                    </u>		
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Second   S	Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
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Name	Zip Country			Zip	Zip Country			•	\$	8.75 Add	ditional	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City		6. Name	and Address of Current	Registered Agent		I	7.	Name and Address of New F	Registered Ag	ent		
3128 HILLISIDE DR. SAFETY-HARBOR FL 34895  City	VAC70/N	CIZI ALIV				Name						
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  Signature, level or prived rame of requested agent and stee if applicative.  P. This corporation is eligible to eatisfy its Intrangable Task fling requirement and elects to do so.  (See criteria on back)  PILE NOW!!! FEE IS \$150.00  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  PROPERTY AND DIRECTORS 12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.  AME  SIRET ADDITS  SIRET ADDITS  SIRET ADDITS  THE  VP  ACZYNSKI, ANY  3128 HILLSIDE IN  SIRET ADDITS  SIRET A		-		Street Address			ess (P.O. I	Box Number is Not Acceptabl	e)			
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, hipser or pretent name of registered agent and title it applicable.  PITE  9. This corporation is eligible to satisfy its intrangible Tark filing requirement and elects to do so.  After May 1, 2002 Fee will be \$550.00  After May 1,	- SAFETY-	HARBOR FL	34695	ಸ್ವಾರ <b>ಪ್ರಕೀಸ್ವಾ</b> ಕ	ಲ್ಲರಪ್≒ಾಗಳ .			- ·		·		
SIGNATURE  9. This corporation is eligible to satisfy its intangible Task filing requirement and elects to do so						City		,	FL	Zip Cod	e	
MANE SIREET ADDRESS CITY-ST-2IP  TILE  MARE MARE	9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  FILE NOW!!! F After May 1, 2002 I					will be \$550.0		, -				
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