

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

DOCUMENT # P99000096101

1. Entity Name
ATTORNEY AT LAW ANDREW WIECZORKOWSKI P.A.

05-19-2002 90178 020 \*\*\*150.00

Principal Place of Business
3000 GULF-TO-BAY BLVD STE 403
CLEARWATER FL 33759
Mailing Address
3000 GULF-TO-BAY BLVD STE 403
CLEARWATER FL 33759



2. Principal Place of Business
Suite, Apt. #, etc. suite 403
3. Mailing Address
Suite, Apt. #, etc. suite 403

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3655381
Applied For
Not Applicable

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

WIECZORKOWSKI, ANDREW
3000 GULF-TO-BAY BLVD STE 403
CLEARWATER FL 33759

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

Table with 2 main columns: 11. OFFICERS AND DIRECTORS and 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Each row contains fields for Title, Name, Street Address, and City-ST-ZIP, with checkboxes for Delete, Change, and 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
Date Daytime Phone #

CR2E034 (9/01)