

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000099226**

1. Entity Name

**JOHN F. WIDLAK, P.A.****FILED****Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90314 036 \*\*\*150.00

64-555-449

Principal Place of Business

**13241 UNIVERSITY DRIVE, SUITE 101  
FORT MYERS FL 33907**

Mailing Address

**13241 UNIVERSITY DRIVE, SUITE 101  
FORT MYERS FL 33907**

2. Principal Place of Business

**7910 Summerlin Lakes Drive**  
Suite, Apt. #, etc.

3. Mailing Address

**7910 Summerlin Lakes Drive**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

**Ft Myers FL**

Zip

**33907**

Country

City &amp; State

**Ft Myers FL**

Zip

**33907**

Country

4. FEI Number **65-0960266**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****WIDLAK, JOHN F  
13241 UNIVERSITY DRIVE, SUITE 101  
FORT MYERS FL 33907****7. Name and Address of New Registered Agent**Name **John F WIDLAK**  
Street Address (P.O. Box Number is Not Acceptable)  
**7910 Summerlin Lakes Drive**  
City **Fort Myers** **FL** Zip Code **33907**

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 **JOHN F WIDLAK**

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

(NOTE: Registered Agent signature required when reinstating)

**3/27/01**  
DATE9. 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, 2001 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WIDLAK, JOHN F</b>	
STREET ADDRESS	<b>6849 HARTLAND STREET</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33912</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

**JOHN F. WIDLAK****3/27/01**

Date

**800.330-7653**

Daytime Phone #

CR2E034 (10/00)