

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90034 040 ***158.50

DOCUMENT # **P99000103435** ✓
 1. Entity Name
KRYSTOPOWICZ, INC. ✓

Principal Place of Business Mailing Address
5801 PELICAN BAY BLVD., SUITE 300 **5801 PELICAN BAY BLVD., SUITE 300**
NAPLES FL 34108-2709 **NAPLES FL 34108-2709**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **205 PRESWICK PARK DR**
 Suite, Apt. #, etc.

City & State City & State
NEWNAN GA
 Zip Country Zip Country
30265 **GEORGIA**

4. FEI Number Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LUPO, DAVID T ESQ
5801 PELICAN BAY BLVD., SUITE 300
NAPLES FL 34108-2709

7. Name and Address of New Registered Agent
 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 *William J. Krystopowicz* DATE **4-26-2000**
Signature, typed or printed name of registered agent, or both, 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 11, 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	<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	
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 checked="" type="checkbox"/> Addition
NAME	President
STREET ADDRESS	WILLIAM J. KRYSSTOPOWICZ
CITY-ST-ZIP	205 PRESWICK PARK DR
CITY-ST-ZIP	NEWNAN, GA 30265
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
NAME	
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 create for the corporation stated herein any liability under the provisions of the Florida Statutes. I further certify that the information included on this report or supplement if any, is true and accurate, and that my signature shall have the same legal effect as if made under oath, and that I am a director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 687, Florida Statutes, and that my name appears on the report or on an attachment with an address, with all other like empowered

SIGNATURE: *William J. Krystopowicz* **WILLIAM J. KRYSSTOPOWICZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)