2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S45080 **DOCUMENT#**

SIGNATURE:

1. Entity Name
CAROLYN A. SMITH SAKOLSKY P.A.

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Principal Place of Business 5223 FISHER ISLAND DR FISHER ISLLAND FL 33109 US		Mailing Address 5223 FISHER ISLAND DR FISHER ISLLAND FL 33109 US		() () () () () () () () () ()	Alaki aran andir alaki bibri lebi
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0261858	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered	
SAKOLSKY, CAROLYN A			Name		
,	JED ICI AND DO	•		s (P.O. Box Number is Not Acceptable)	
	SLAND FL 33109			- (To	
FIGHER	SLAIND FE 33 109				
	V The state of the		City	F	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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered Agent signature requi	ired when reinstating) DATE	
	FILE NOW!!! FEE IS \$150.00			DATE	
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	0. OFFICERS AND DIRECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AN	JD DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAKOLSKY, CAROLYN A 5233 FISHER ISLAND DR FISHER ISLAND FL 33109	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A SOLITOR OF THE STATE OF THE S	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90405 034 ***150.00