2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

S53093 DOCUMENT

1. Entity Name

DVORCHAK, INC.



Principal Place of Business 3358 PARK GROVE CT LONGWOOD FL 32779

Mailing Address 3358 PARK GROVE CT

LONGWOOD FL 32779



FILED

Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90117 008 ***150.00

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
						City & State
Zip			<u></u>	4. FEI Number 59-3066829	Applied For Not Applicable	
2.15	Country	Zíp	Country	5. Certificate of Status Desired	\$8.75 Additional	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered	Fee Required	
DVORCHAK, DANIEL M			Name	Name		
3358 PARK GROVE CT			Street Address (P.O. Box Number is Not Acceptable)			
LONGWOOD FL 32779				(**:0.35KNormber is Not Acceptable)		
	O O O TE OETTO					
			City	FL	Zip Code	
8. The above	re named entity submits this statement	for the purpose of changing its	registered office or real	stered agent, or both, in the State of Florida. I am	•	
the obliga	ations of registered agent,		c amad an rog,	otorios agent, or both, in the state of Florida. I am	familiar with, and accept	
SIGNATURE	Signatura hand as adult					
	Signature, typed or printed name of registered ager	***=**	E: Registered Agent signature requ	uired when reinstating) DATE		
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00					
Make Chec	k Payable to Florida Department o	nf State		9: Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be	
10.	OFFICERS AND	• • • • • • • • • • • • • • • • • • •			1,000 (0,000	
TITLE	P	Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
NAME	DVORCHAK, DANICE M	∟ Delete	TITLE NAME	WONCHAK, DANIEL M.	Change	
STREET ADDRESS CITY-ST-ZIP	3358 PARK GROVE		STREET ADDRESS	VOIE (1870) - 2777-10-271.		
	LONGWOOD FL 32779		CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE		☐ Change ☐ Addition	
STREET ADDRESS	ľ		NAME		Addition	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	•		
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			CITY-ST-ZIP			
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CITY-ST-ZIP			STREET ADDRESS: CITY-ST-ZIP	* ·		
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NAME STREET ADDRESS		L bolde	NAME STREET ADDRESS]	Change Addition	
NAME		Deece			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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (10/02)