

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90319 031 \*\*\*150.00

0035964

**DOCUMENT # V39639**

1. Entity Name

**IGNASIAK PROPERTY ACQUISITION CORPORATION**

Principal Place of Business

**C/O WILLIAM SCOTT FOSTER  
909 MAR WALT DRIVE SUITE 1014  
FORT WALTON BEACH FL 32547**

Mailing Address

**C/O WILLIAM SCOTT FOSTER  
909 MAR WALT DRIVE SUITE 1014  
FORT WALTON BEACH FL 32547**

2. Principal Place of Business

**P.O. Box 289**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 289**

Suite, Apt. #, etc.

City &amp; State

**Freeport, Florida**

Zip

**32439**

Country

**USA**

City &amp; State

**Freeport, Florida**

Zip

**32439**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3134030**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FOSTER, WILLIAM SCOTT  
909 MAR WALT DRIVE  
SUITE 1014  
FORT WALTON BEACH FL 32547**

7. Name and Address of New Registered Agent

Name

**Kevin M. Helmich, Esq.**

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

**4481 Iegedary Drive, Suite 200**

City

**Destin,****FL**

Zip Code

**32541**

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, if applicable,

**Kevin M. Helmich, Esq.**

(NOTE: Registered Agent signature required when reinstating)

**4-24-01**

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, 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>PDS</b>	<input type="checkbox"/> Delete
NAME	<b>IGNASIAK, ROBERT L.</b>	
STREET ADDRESS	<b>680 MALLET BAYOU RD</b>	
CITY-ST-ZIP	<b>FREEPORT FL 32439</b>	

TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>IGNASIAK, TERESA P</b>	
STREET ADDRESS	<b>P.O. BOX 289 N/A</b>	
CITY-ST-ZIP	<b>FREEPORT FL 32439</b>	

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

TITLE		<input type="checkbox"/> Delete
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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
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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:

**Robert L. Ignasiak**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)