

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90114 031 ***150.00

DOCUMENT # V66616

1. Entity Name

JOHN A. YANCHEK, P.A.

Principal Place of Business

~~1819 MAIN STREET~~
~~STE 500~~
~~SARASOTA FL 34236~~
~~US~~

Mailing Address

1819 MAIN STREET
STE 500
SARASOTA FL 34236
US

2. Principal Place of Business

2 N. TAMiami TRAIL

Suite, Apt. #, etc.

SUITE 303

City & State

SARASOTA FLA

Zip

34236

Country

US

3. Mailing Address

2 N. TAMiami TRAIL

Suite, Apt. #, etc.

SUITE 303

City & State

SARASOTA FLA

Zip

34236

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0357750**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YANCHEK, JOHN A.

1819 MAIN STREET STE 500

SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

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

2 NORTH TAMiami TRAIL

SUITE 303

City

SARASOTA

FL

Zip Code

34236

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 **DPST** ☐ Delete
NAME **YANCHEK, JOHN A.**
STREET ADDRESS **3948 SPYGLASS HILL ROAD**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

4/16/02 (941) 366-7177

CR2E034 (9/01)