

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90187 046 \*\*\*150.00

**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 32547-6757
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3134030</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
<b>FOSTER, WILLIAM SCOTT</b> <b>909 MAR WALT DRIVE</b> <b>SUITE 1014</b> <b>FORT WALTON BEACH FL 32547</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDS</b> <b>IGNASIAK, ROBERT L.</b> <b>909 MAR WALT DR., #1014</b> <b>FT WALTON BEACH FL 32547</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDS</b> <b>IGNASIAK, ROBERT L.</b> <b>P.O. BOX 289 680 Mallet Bayou Rd.</b> <b>Freeport, FL 32439</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>IGNASIAK, TERESA P.</b> <b>P.O. BOX 289 N/A</b> <b>FREEPORT FL 32439</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 4/19/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #