

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

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

P.O. Box 289

P.O. Box 289

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Freeport, Florida

Freeport, Florida

4. FEI Number **59-3134030**

Applied For

Not Applicable

Zip

Country

Zip

Country

32439

USA

32439

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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]
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PDS**
 STREET ADDRESS **IGNASIAK, ROBERT L.**
 CITY-ST-ZIP **680 MALLET BAYOU RD**
FREEPORT FL 32439

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP**
 STREET ADDRESS **IGNASIAK, TERESA P**
 CITY-ST-ZIP **P.O. BOX 289 N/A**
FREEPORT FL 32439

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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:

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

4/19/01 8508354121
 Daytime Phone #

CR2E034 (10/00)