

2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

06-19-2000 90006 042 \*\*\*550.00

DOCUMENT # *P14155*  
 1. Entity Name

Wasik Sales, Inc.  
 Principal Place of Business Mailing Address  
 1970 South Lecanto Hwy Same  
 Lecanto FL  
 34460-0737

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

4. FEI Number *16-09632322-16-0962322* Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

*Corrected  
 6-26-00  
 MBW*

6. Name and Address of Current Registered Agent  
 Marvin Wasik  
 8060 North Wiley Postway  
 Hernando FL 32642  
 7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL 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 Marvin Wasik, Officer  
 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.  **FILE NOW!!! FEE IS \$160.00**  
 After MAY 1, 2000, Fee will be \$650.00  
 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	President/Secretary <input type="checkbox"/> Delete Marvin Wasik 8060 North Wiley Postway Hernando FL 32642	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Marvin Wasik Marvin Wasik, Officer *6-18-00* *352-746-4860*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #