## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # \$79477**

1. Entity Name

MANDICHAK ENTERPRISES, INC.

Principal	Place of	Business

Principal Place of Business

4865 ASHTON

MANDICHAK, GARY A.

ORLANDO FL 32803

3218 B EAST COLONIAL DR

9. This corporation is eligible to satisfy its Intangible

MANDICHAK, ARLENE

MANDICHAK, GARY

ORLANDO FL-

MANDICHAK, EDITH

431 GROVE ST

PECKVILLE PA

3218 B EAST COLONIAL DR

3218 B EAST COLONIAL DR

Tax filing requirement and elects to do so.

ORLANDO FL

(See criteria on back)

Suite, Apt. #, etc.

City & State

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

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NAME

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TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SARASOTA

Mailing Address

3. Mailing Address 4865

City & State

Zip

U.S.A

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

<u>ATOSA</u>RAS

173 FAIRWAY POINT CIRCLE 20141100 FL 32828

173 FAIRWAY POINT CIRCLE ORLANDO FL 32828-8509

ASHTON

FLORIDA

u.S.A

**N**ame

City

FILE NOW!!! FEE IS \$150.00

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12.

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CITY-ST-ZIP TITLE

CITY-ST-ZIP

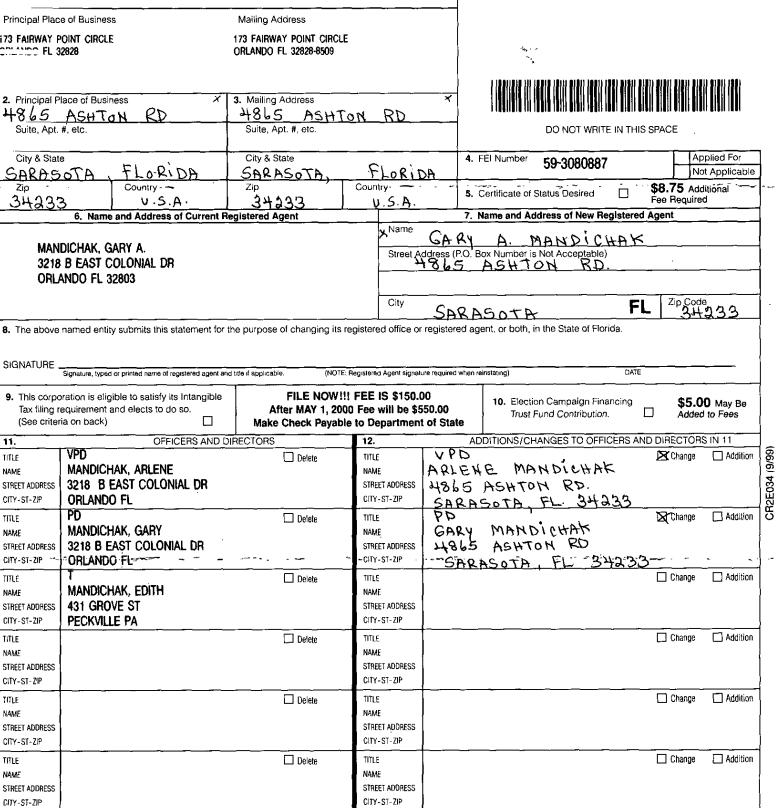
CITY-ST-ZIP

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## FILED May 24, 2000 8:00 am Secretary of State

05-24-2000 90033 021 \*\*\*150.00



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.

CITY-ST-ZIP

SIGNATURE:

SICOLO IN THE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR