

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

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

**DOCUMENT # S79477**

1. Entity Name  
**MANDICHAK ENTERPRISES, INC.**

Principal Place of Business 173 FAIRWAY POINT CIRCLE ORLANDO FL 32828	Mailing Address 173 FAIRWAY POINT CIRCLE ORLANDO FL 32828-8509
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2. Principal Place of Business <b>4865 ASHTON RD</b> Suite, Apt. #, etc.	3. Mailing Address <b>4865 ASHTON RD</b> Suite, Apt. #, etc.
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City & State <b>SARASOTA, FLORIDA</b>	City & State <b>SARASOTA, FLORIDA</b>
Zip <b>34233</b>	Zip <b>34233</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3080887</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**MANDICHAK, GARY A.**  
**3218 B EAST COLONIAL DR**  
**ORLANDO FL 32803**

7. Name and Address of New Registered Agent  
 \* Name **GARY A. MANDICHAK**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4865 ASHTON RD.**  
 City **SARASOTA** **FL** Zip Code **34233**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>MANDICHAK, ARLENE</b> <b>3218 B EAST COLONIAL DR</b> <b>ORLANDO FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MANDICHAK, GARY</b> <b>3218 B EAST COLONIAL DR</b> <b>ORLANDO FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MANDICHAK, EDITH</b> <b>431 GROVE ST</b> <b>PECKVILLE PA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>ARLENE MANDICHAK</b> <b>4865 ASHTON RD.</b> <b>SARASOTA, FL 34233</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GARY MANDICHAK</b> <b>4865 ASHTON RD</b> <b>SARASOTA, FL 34233</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *GARY A. MANDICHAK* Date: 5/1/00 Daytime Phone #: (941) 921-5118  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)