

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90432 038 ***150.00

DOCUMENT # S79477
1. Entity Name: MANDICHAK ENTERPRISES, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12548 PICA ST.
Suite, Apt. #, etc.

3. Mailing Address 12548 PICA ST.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State ORLANDO, FL
Zip 32837 Country USA

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Zip 32837 Country USA

4. FEI Number 59-3080887
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name MANDICHAK, GARY A.
Street Address (P.O. Box Number is Not Acceptable) 12548 PICA ST.
City ORLANDO FL Zip Code 32837

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: 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.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>VPD MANDICHAK ARLENE 8262 SAND PINE CIR. PORT ST. LUCIE, FL 34952-2615</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VPD MANDICHAK, ARLENE <input checked="" type="checkbox"/> CHANGE ADDRESS 12548 PICA ST.</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD MANDICHAK, GARY 8262 SAND PINE CIR. PORT ST. LUCIE, FL 34952-2615</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD MANDICHAK GARY <input checked="" type="checkbox"/> CHANGE ADDRESS 12548 PICA ST. ORLANDO, FL 32837</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T MANDICHAK, EDITH 431 GROVE ST. PECKVILLE, PA</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/01)

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 on an attachment with an address, with or without other like empowered.

SIGNATURE: GARY MANDICHAK ✓ 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR