

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90150 012 ***150.00

DOCUMENT # V51333

1. Entity Name
MYSKOWSKI, INC.

Principal Place of Business

Mailing Address

~~204 LAUREL HOLLOW DRIVE~~
NOKOMIS FL 34275

~~204 LAUREL HOLLOW DRIVE~~
NOKOMIS FL 34275

2. Principal Place of Business

3. Mailing Address

2320 SANDLEWOOD DR
 Suite, Apt. #, etc.

2320 SANDLEWOOD DR
 Suite, Apt. #, etc.

City & State

City & State

VENICE FL

VENICE FL

4. FEI Number **65-0357280**

Applied For
 Not Applicable

Zip **34293**

Country **SARASOTA**

Zip **34293**

Country **SARASOTA**

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

REEGLER, SARI LYNN
1521 S. TAMiami TRAIL
SUITE 304
VENICE FL 34292

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 _____ 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete	D	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D
NAME MYSKOWSKI, JOHN		NAME	
STREET ADDRESS 204 LAUREL HOLLOW DR		STREET ADDRESS 2320 SANDLEWOOD DR	
CITY-ST-ZIP NOKOMIS FL		CITY-ST-ZIP VENICE, FL 34293	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: John Myskowski PRESIDENT 2/12/2000 941-484-8789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)