

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90072 002 ***150.00

DOCUMENT # V10849

1. Entity Name

JAMES L. MASHLONIK, C.P.A., P.A.



Principal Place of Business

4762 US HIGHWAY 19
NEW PORT RICHEY FL 34652
US

Mailing Address

64 TRISTAN LANE
WILLIAMSVILLE NY 14221-4439
US

2. Principal Place of Business

9811 DELRAY DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

City & State

4. FEI Number 59-3106501

Applied For

Not Applicable

Zip

Country

34654 US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MASHLONIK, JAMES L.
4762 US HIGHWAY 19
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name JAMES L. MASHLONIK

Street Address (P.O. Box Number is Not Acceptable)

9811 DELRAY DRIVE

City NEW PORT RICHEY

FL

Zip Code

34654

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James L. Mashlonik

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/02

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME MASHLONIK, JAMES L.
STREET ADDRESS 4762 US HIGHWAY 19
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☐ Delete

TITLE D
NAME MASHLONIK, JAMES L.
STREET ADDRESS 9811 DELRAY AVENUE
CITY-ST-ZIP NEW PORT RICHEY FL 34654 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James L. Mashlonik

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES L. MASHLONIK

Date

1/11/02 (727) 938 2854

Daytime Phone #

CR2E034 (10/02)