

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90822 005 ****61.25

DOCUMENT # 746077

1. Entity Name
BANGA CONDOMINIUM, INC.



Principal Place of Business
**35-44TH AVE.
ST.PETERSBURG BCH. FL 33706**

Mailing Address
**35-44TH AVE.
ST.PETERSBURG BCH. FL 33706**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

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

**MAZEIKA, DANA
630 115TH AVE
TREASURE ISLAND FL 33706**

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

SIGNATURE *Dana Mazeika*

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

(NOTE: Registered Agent signature required when reinstating)

1/11/2003

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **ARLAUSKIENE, KAZIMIERA**
STREET ADDRESS **35 44TH AVE**
CITY-ST-ZIP **ST PETE BEACH FL**

TITLE **D** ☐ Delete
NAME **PETKUS, VACYS**
STREET ADDRESS **35 - 44 AVENUE**
CITY-ST-ZIP **SAINT PETERSBURG BEACH FL 33706**

TITLE **D** ☐ Delete
NAME **PETKUS, ALGIS**
STREET ADDRESS **1206 BROOKLINE PL APT A**
CITY-ST-ZIP **WILLOUGHBY OH 44094-7085**

TITLE **PST** ☐ Delete
NAME **MAZEIKA, DANA**
STREET ADDRESS **630 115TH AVE**
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Todd C. Webb**
STREET ADDRESS **35-44th Ave**
CITY-ST-ZIP **St Pete Beach FL**

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

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 617, 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: **SIGNATURE REQUIRED**

Dana Mazeika 1/11/2003 367-6306

CR2E037 (10/02)