

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

DOCUMENT # F97000004869

1. Entity Name

MARYLO ENTERPRISES INC.

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90313 050 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1398 Shady Pine Way

3. Mailing Address
P O Box 2496

Suite, Apt. #, etc.
E-2

Suite, Apt. #, etc.

City & State
Tarpon Springs, FL

City & State
Tarpon Springs, FL

Zip
34688

Country

Zip
34688

Country

4. FEI Number
59-3479176

Applied For
Not Applicable

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

50042949

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Beatrice Dusheiko

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

1398 Shady Pine Way, Apt # E-2

City
Tarpon Springs

FL

Zip Code
34688

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 resigning)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

**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	Dusheiko, Beatrice 1398 Shady Pine Way # E-2 Tarpon Springs, FL, 34688	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Zanella Turkat, Fabrizia 1 Freshwater Dr Palm Harbor, FL, 34684	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other like empowered.

SIGNATURE:

 **FABRIZIA ZANELLA TURKAT** 4/14/05 (727) 403-8947