2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F97000005797



FILED Mar 17, 2003 8:00 am Secretary of State

1. Entity Na MAZUK,									03-	17-2003 9	90698 0	36 *	***150	.00
Principal Place of Business 215 IVEN AVE. ST. DAVIDS PA 19087 US			215	Mailing Address 215 IVEN AVE. ST. DAVIDS PA 19067 US										
Principal Place of Business 3. Mailing Address					***		***							
215 Suite, Ap	Iven A	venue		215 Iven Avenue Suite, Apt. #, etc.										
Suite, Ap	i. #, 6 iG.		Sui	te, Apt. #, etc.			,		□ c+	IECK HERE	IF MAKIN	NG CI	HANGE	3
City & Sta	_{ite} Davids	T) A		City & State				23-1/3/889						pplied For
Zip	Davids	, PA Country	St Zip	. Davids	PA Coun							-		lot Applicable
1908		USA	19	087	USA	•	ĺ	5. Ce	rtificate of Stat	us Desired			3.75 Ad e Requii	dditional ed
	6. Name	and Address of Co	urrent Register	ed Agent				7. Nar	ne and Addre	ss of New F	Registered			<u></u>
A A A 70 UZ	DETTA					Name			·					
MAZUK, BETTY 173 WESTMORELAND CIRCLE						Street Ad	ddress (P.	O. Box	Number is No	Acceptable				
	EE FL 34744													
MOOIMIN	EE FL 34/44	•												
<u> </u>						City					Fi	_ ,	Żip Co	
8. The above the obliga	e named entity itions of registe	y submits this staten ered agent.	nent for the purp	oose of changing its	registere	ed office or i	registere	d agent	, or both, in the	State of Flo	orida. I an	n fam	iliar with	, and accept
SIGNATURE		or printed name of registere	d agent and title if app	plicable. (NOTE	- Redistana	Agent signatur		4			·			
					negistered	Agent signatur	re requirea w	men reinsta	ating)		DATE			
Afte	r May 1, 200	! FEE IS \$150.0 3 Fee will be \$55 Florida Departm	0		i. negistered	3 Agent signatur	re required w	men reinst	9. Election C	ampaign Fir Contributio	nancing		\$5. (00 May Be d to Fees
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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 of 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:

TIPE HEOURED