

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90306 030 ***150.00

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DOCUMENT # P00000063987

1. Entity Name
ELIZABETH MASKY INC.



Principal Place of Business
**5007 MIRADA DRIVE
TAMPA FL 33624**

Mailing Address
**5007 MIRADA DRIVE
TAMPA FL 33624**



2. Principal Place of Business

5007 MIRADA DRIVE
Suite, Apt. #, etc.

3. Mailing Address

5007 MIRADA DRIVE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number **59-3647401**

Applied For
Not Applicable

Zip
33624

Country
USA

Zip
33624

Country
USA

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

6. Name and Address of Current Registered Agent

**MASKY, ELIZABETH
5007 MIRADA DRIVE
TAMPA FL 33624**

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P MASKY, ELIZABETH 5007 MIRADA DRIVE TAMPA FL 33624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

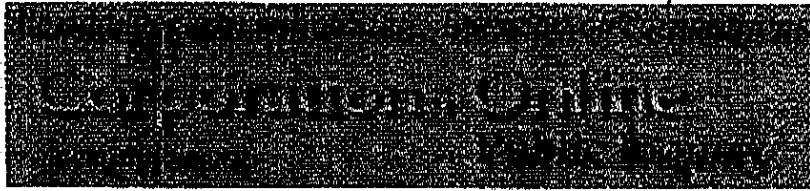
Date Daytime Phone #

CR2E034 (4/03)

Attachment

80128970

#P0000063987



Florida Profit

ELIZABETH MASKY INC.

PRINCIPAL ADDRESS

5007 MIRADA DRIVE
TAMPA FL 33624

MAILING ADDRESS

5007 MIRADA DRIVE
TAMPA FL 33624Document Number
P00000063987FEI Number
593647401Date Filed
06/30/2000State
FLStatus
ACTIVEEffective Date
NONE

Registered Agent

Name & Address
MASKY, ELIZABETH 5007 MIRADA DRIVE TAMPA FL 33624

Officer/Director Detail

Name & Address	Title
MASKY, ELIZABETH 5007 MIRADA DRIVE TAMPA FL 33624	P

Annual Reports

Report Year	Filed Date	Intangible Tax
2001	02/28/2001	
2002	03/14/2002	