FILED
Apr 22, 2002 8:00 am
Secretary of State
04-22-2002 90243 034 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000027334

1. Entity Name
WWW.MAZURKA.COM, INC.

DO NOT WRITE IN THIS SPACE

943783

2. Principal Place of Business	3. Mailing Address
3200 Binnacle Drive	3200 Binnacle Drive
Suite, Apt. #, etc. Unit D-2	Suite, Apt. #, etc. Unit D-2
City & State Naples, FL	City & State Naples, FL
Zip 34103 Country USA	Zip 34103 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1086934 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent*

Name: Demian M. Kruchten

Street Address (P.O. Box Number is Not Acceptable): 2660 Airport Rd. S.

City: Naples FL Zip Code: 34112

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

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	P/D
NAME	Steven J. Mazurka
STREET ADDRESS	3200 Binnacle Dr, Unit D-2
CITY-ST-ZIP	Naples, FL 34103
TITLE	V/D
NAME	Glenda C. Mazurka
STREET ADDRESS	3200 Binnacle Dr. Unit D-2
CITY-ST-ZIP	Naples, FL 34103
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven Mazurka 4/14/02 859 608 9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #