

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90276 024 ***150.00

DOCUMENT # P01000027334

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



Principal Place of Business
**3200 BINNACLE DRIVE, UNIT D-2
NAPLES FL 34103**

Mailing Address
**3200 BINNACLE DRIVE, UNIT D-2
NAPLES FL 34103**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1086934**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRUCHTEN, DEMIAN M ESQ
2660 AIRPORT ROAD SOUTH
NAPLES FL 34112**

Name

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

975 6th Ave South

Suite 101

City

NAPLES

FL

Zip Code
34102

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 **PD** ☐ Delete
NAME **MAZURKA, STEVEN J**
STREET ADDRESS **3200 BINNACLE DRIVE, UNIT D-2**
CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE **VD** ☐ Delete
NAME **MAZURKA, GLENDA C**
STREET ADDRESS **3200 BINNACLE DRIVE, UNIT D-2**
CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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:

STEVEN J MAZURKA
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/03 859 621-0797
Date Daytime Phone #

CR2E034 (4/03)

Attachment

90149692
#P01000027334

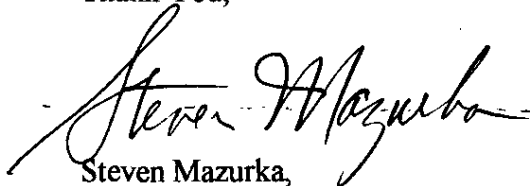
Mazurka.com

Marketing & Technology • 859.296.0414

August 4, 2003

This is to notify you that this is the first notice we received. Please waive the additional charge. We have enclosed the original \$150.00 filing fee.

Thank You,



Steven Mazurka,
President