

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90177 009 ***150.00

DOCUMENT # P02000048240

1. Entity Name
DIDASKO ENTERPRISES INCORPORATED



Principal Place of Business
3915 SOUTH FLAGLER DRIVE
APT. 215
WEST PALM BEACH FL 33405

Mailing Address
3915 SOUTH FLAGLER DRIVE
APT. 215
WEST PALM BEACH FL 33405

2. Principal Place of Business
306 S. B St

3. Mailing Address
306 S. B St

Suite, Apt. #, etc.
B

Suite, Apt. #, etc.
B

City & State
Lake Worth Fla

City & State
Lake Worth Fla

4. FEI Number
02-0595281

Applied For
Not Applicable

Zip
33460

Country
Palm Beach

Zip
33460

Country
Palm Beach

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

BELINSKY, ANDREW M
3915 SOUTH FLAGLER DRIVE
APT. 215
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name **Belinsky, Andrew M**
Street Address (P.O. Box Number is Not Acceptable) **306 S. B St**
B
City **Lake Worth** **FL** **Zip Code** **33460**

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 *Andrew Belinsky* **4.15.3**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **BELINSKY, ANDREW M**
STREET ADDRESS **3915 SOUTH FLAGLER DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **P** ☒ **Change** ☐ **Addition**
NAME **Belinsky, Andrew M**
STREET ADDRESS **306 S. B St Suite B**
CITY-ST-ZIP **Lake Worth Fla. 33460**

TITLE **V** ☐ **Delete**
NAME **BELINSKY, JENNIFER L**
STREET ADDRESS **3915 SOUTH FLAGLER DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **V** ☒ **Change** ☐ **Addition**
NAME **Belinsky, Jennifer**
STREET ADDRESS **306 S. B St #B**
CITY-ST-ZIP **Lake Worth Fla 33460**

TITLE **STD** ☐ **Delete**
NAME **MITCHELL, LISA A**
STREET ADDRESS **17225 130TH AVE NORTH**
CITY-ST-ZIP **JUPITER FL 33478**

TITLE **STD** ☒ **Change** ☐ **Addition**
NAME **Mitchell, Lisa A**
STREET ADDRESS **4120 Walton Bridge Rd**
CITY-ST-ZIP **Ponce De Leon FL 32455**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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: *Andrew Belinsky* **4.13.3** **561 8275404**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)