

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90253 037 ***150.00

DOCUMENT # P02000128560	
1. Entity Name DASHKO, INC.	

Principal Place of Business 10225 ULMERTON RD. BLDG #11 LARGO FL 33771	Mailing Address 10225 ULMERTON RD. BLDG #11 LARGO FL 33771
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☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business COUNTRY KITCHEN Suite, Apt. #, etc. 7050 SEMINOLE BLVD	3. Mailing Address 7050 SEMINOLE BLVD Suite, Apt. #, etc.
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City & State SEMINOLE FL.	City & State SEMINOLE FL	4. FEI Number 76-0720763	Applied For <input type="checkbox"/> Not Applicable
Zip 33772	Country PINELLAS	Zip 33772	Country PINELLAS

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PIPPEN, JOSEPH J JR 10225 ULMERTON RD, BLDG #11 LARGO FL 33771
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORICA, DAVID S 13638 PINECREST DR LARGO FL 33774 <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	D KORICA, SHARON P 13638 PINECREST DR LARGO FL 33774 <input type="checkbox"/> Delete	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"/> Delete	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: DAVID KORICA **RECORDED** David Korica **2/19/03** **727-343-9830**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** **Date** **Daytime Phone #**

CR2E034 (10/02)