2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State
05-09-2000 90122 019 ***150.00

DOCUMENT # P93000017264

1. Entity Name

IZYKOWSKI MAINTENANCE CORP.

Principal Place of Business	Mailing Address
4840 BONILA RD VENICE FL 34293 US	4840 BONITA RD VENICE FL 34293-6028 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
48 40 BONITA RD	←
Suite, Apt. #, etc.	~~Suite, Apt. #, etc.~~
City & State: VENICE FL 34293	City & State
Zip / Country	Zip / Country

4. FEI Number 65 - 0392382 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~GAWRON, MARY~~ ~~MARIOLA CZERWINSKA~~ ~~19321-C US HWY 19N~~ ~~STE 601~~ ~~CLEARWATER FL 33764~~	Name: Y. MARIOLA CZERWINSKA EA PA Street Address (P.O. Box): 4308 MEADOWLAND CIRCLE City: SARASOTA FL Zip Code 34233

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 [signature] YOLANDA M. CZERWINSKI EA PA. 5/20/00

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒	FILE NOW!!! FEE IS $150.00 After MAY 1, 2000 Fee will be $550.00 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	IZYKOWSKI, EUGENIUSZ	NAME	
STREET ADDRESS	4840 BONITA RD	STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	IZYKOWSKI, TERESA	NAME	
STREET ADDRESS	4840 BONITA RD	STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (3/00)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~TERESA I.~~ EUGENIUSZ IZYKOWSKI 4.28.2000 492-6936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #