## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Feb 08, 2001 8:00 am Secretary of State DOCÚMENT # P93000045930 1. Éntity Name WARSZAWA MARKETING & DISTRIBUTING CO. 02-08-2001 90184 039 \*\*\*150.00 Principal Place of Ausiness Mailing Address 1018 W. OAK RIØGE ROAD 4611 ALMARK DR ORLANDO FL 322809 ORLANDO FL 32839 DACTOIDE 2. Principal Place of Business 3. Mailing Address 4611 ALMARK DR. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ORLANDO City & State Applied For 4. FEI Number 59-3192936 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired ORANGE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NARUSHKA, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 4611 ALMARK DR ORLANDO FL 32839 Zip Code City FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State $\Box$ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NARUSHKA, ANTHONY R NAME NAME STREET ADDRESS 1018 W. OAK RIDGE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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.

CITY-ST-ZIP

utlionery Manualka ANTHONY NAJUSHIA 76/61 407-855-7855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davisme Phone \*

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