

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #893000066178 Amendment

1. Entity Name

Wasko Carpentry, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 OCT -9 AM 11:36

Principal Place of Business

Mailing Address

381 Wilson Blvd South
Naples, FL 34177

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Same

Suite, Apt. #, etc.

Same

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0435282

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Scott--Wasko--
381 Wilson Blvd South
Naples, FL 34117

Name

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

City

FL

Zip Code

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

Scott A Wasko

Scott A Wasko

10/4/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
P.
Scott Wasko
381 Wilson Blvd South
Naples, FL 34117 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000003423530--9
-10/12/00--01087--022
*****70.00 *****70.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Jamie R. Wasko
381 Wilson Blvd South
Naples, FL 34117 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Jamie R. Wasko
381 Wilson Blvd South
Naples, FL 34117 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
DR 10/4/01

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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☐ Change ☐ Addition

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NAME
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☐ Delete

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

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:

Scott A Wasko

Scott A Wasko

10/4/00

(941) 353-1050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)