2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000046739

1. Entity Name

MISS FLORIDA PAGEANT INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
1721 N ANDREWS AVE	1721 N. ANDREWS AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: FT LAUDERDALE, FL	City & State: FT LAUDERDALE, FL	4. FEI Number: 65-0504244 ☐ Applied For ☐ Not Applicable
Zip: 33311 Country: US	Zip: 33311 Country: US	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ZEPKA, VICTOR

Street Address (P.O. Box Number is Not Acceptable): 1721 N. ANDREWS AVE

City: FT LAUDERDALE FL Zip Code: 33311

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: _____ DATE

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

Delinquent if May 1 Fee is $150.00
After May 1 Fee is $350.00
Anticipated UBR is $61.25
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

TITLE	D
NAME	ZEPKA VICTOR
STREET ADDRESS	1721 N. ANDREWS AVE
CITY-ST-ZIP	FT LAUDERDALE FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: (X) _____ 2/18/04 305 502-6000

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

MISS FLORIDA PAGEANT INC
1721 N. ANDREWS AVE
FT LAUDERDALE, FL 33311

February 18, 2004

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: MISS FLORIDA PAGEANT INC
DOC #P94000046739

Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. The taxpayer never received the renewal form . The penalty will create a hardship for my business and I ask that you please waive it.

Enclosed is my UBR form with my fee of $300.00 for the year 2003 and 2004.

Thank you very much for you help and understanding.

Sincerely,

Victor Zepka