

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

0698003 AT

DOCUMENT # P95000049102

1. Entity Name
MIKASHUS REPORTING SERVICE, INC.

04-17-2002 90048 002 ***150.00

Principal Place of Business

**3601 W BELL DR.
DAVIE FL 33328**

Mailing Address

**3601 W BELL DR
DAVIE FL 33328**



2. Principal Place of Business

412 - 6th St. S.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1867

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Dundee, FL

City & State

Dundee, FL

4. FEI Number

65-0593182

Applied For

Not Applicable

Zip

Country

33838-4318

USA

Zip

Country

33838-1867

USA

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

6. Name and Address of Current Registered Agent

**DAVID ALAN KOFSKY, P.A.
3440 HOLLYWOOD BLVD.
SUITE 450
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name **David Kofsky Kofsky Coury & Associates PA**
Street Address (P.O. Box Number is Not Acceptable) **3230 W. Commercial Blvd.**
Suite **150**
City **FL. Lauderdale** FL Zip Code **33309**

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)

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, 2002 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

TITLE **DP** ☐ Delete
NAME **MIKASHUS, BRENDA**
STREET ADDRESS **3601 W BELL DR**
CITY-ST-ZIP **DAVIE FL 33328**

TITLE **V** ☐ Delete
NAME **LAWRENCE MIKASHUS**
STREET ADDRESS **3601 W BELL DRIVE**
CITY-ST-ZIP **DAVIE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **412 6th St. S**
CITY-ST-ZIP **Dundee, FL 33838-4318**

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

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: **Brenda Sue Mikashus** **4/8/02** **863-438-0255**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)