

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90288 026 ***150.00

DOCUMENT # P96000042548

1. Entity Name

MYAKKA BIG WATERS, INC.

Principal Place of Business

**121 PLAMORE DRIVE
 VENICE FL 34295**

Mailing Address

~~P.O. BOX 38~~ **P**
OSPNEY FL 34229
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 7936

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

North Port, FL

4. FEI Number

65-0670825

Applied For

Not Applicable

Zip

Country

Zip

Country

34287

US

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

**STEGENGA, JOAN
 336 BAY VISTA AVE
 OSPREY FL 34229**

**5843 DENISON DR
 VENICE, FL 34293**

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

Joan Stegen

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **STEGENGA, MICHAEL**
 STREET ADDRESS **336 BAY VISTA AVE**
 CITY-ST-ZIP **OSPNEY FL VENICE, FL 34293**

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

TITLE **VPST** ☐ Delete
 NAME **STEGENGA, JOAN**
 STREET ADDRESS **336 BAY VISTA AVE**
 CITY-ST-ZIP **OSPNEY FL VENICE, FL 34293**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Joan Stegen **JOAN STEGENGA** **Joan Stegen** **4/26/02** **941-493-0894**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)