

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000063659**

1. Entity Name

MASARYKTOWN VENTURES, INC.**FILED**
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90809 024 ***158.75

0637103 AV

Principal Place of Business
398 BROAD ST
MASARY TOWN FL 34609

Mailing Address
398 BROAD ST
MASARYKTOWN FL 34604



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
4. FEI Number 59-3460912	Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NUCCIO, VINCENT 4049 HENDERSON BLVD TAMPA FL 33629		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD PRIEDE, NELSON J 3606 LITTLE RD LUTZ FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-02 (813) 240-3498

CR2E034 (9/01)

Priede-Mal Constructors, Inc.

STATE CERTIFIED BUILDING CONTRACTOR #CBC041954
STATE CERTIFIED ROOFING CONTRACTOR #CC-C044028

Attachment

30126571

June 28, 2002

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

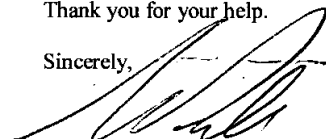
PA 7000063659

Dear Sir:

The enclosed application and check was returned to us in error. The return address should have been 398 Broad Street, Masaryktoen, FL 34604 (Note New Zip Code)

Thank you for your help.

Sincerely,



Nelson J. Priede
Priede-Mal Constructors, Inc.