

2003 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90182 004 \*\*\*150.00

DOCUMENT # P970000 66404

1. Entity Name

M. M. PLASKOVE INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

10375 SAWPIT RD

3. Mailing Address

10375 SAWPIT RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

65-0778408

Applied For

Not Applicable

Zip

32226

Country

USA

Zip

32226

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

BARB KELLEY

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

10375 SAWPIT RD

City

JACKSONVILLE

FL

Zip Code

32226

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Barb Kelley / BARB KELLEY, P.P.

2-1-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBRs \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME KELLEY, BARB  
STREET ADDRESS 10375 SAWPIT RD  
CITY-ST-ZIP JACKSONVILLE, FL 32226

TITLE VPD  
NAME CUBBY, JOYCE  
STREET ADDRESS 1150 SECRET LAKE LOOP  
CITY-ST-ZIP LINCOLN, CA 95648

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barb Kelley / BARB KELLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-03

Date

404-714-3800

Daytime Phone #

CR2E034B (12/02)