

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000026353**

1. Entity Name

MASKEH, INC.**FILED****Feb 01, 2000 8:00 am**
Secretary of State

02-01-2000 90043 049 ***150.00

Principal Place of Business 855 NOVA RD ORMOND BEACH FL 32174 US	Mailing Address 1335 FLEMING AVE LOT 171 ORMOND BEACH FL 32174-8233 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3499864** Applied For ☐ Not Applied For ☐5. Certificate of Status Desired ☐ \$8.75-Additional Fee Required

6. Name and Address of Current Registered Agent WEDDERSTRAND, SANDRA L 1335 FLEMING AVE LOT 171 ORMOND BEACH FL 32174	7. Name and Address of New Registered Agent Name WEDDERSTRAND SANDRA L Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	P WEDDERSTRAND, WILLIAM L 1335 FLEMING AVE LOT 171 ORMOND BEACH FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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"/> Add
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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"/> Add

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

SIGNATURE: Sandra L Wedderstrand **1-21-2000 904 615-107**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #