

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026353

1. Entity Name  
**MASKEH, INC.**

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90180 036 \*\*\*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  
US**

00030166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**515 EAGLE DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**HOLLY HILL FL**

4. FEI Number **59-3499864**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32117**

**FLORIDA**

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

**WEDDERSTRAND, SANDRA L  
1335 FLEMING AVE  
LOT 171  
ORMOND BEACH FL 32174**

Name

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

**515 EAGLE DRIVE**

City

**HOLLY HILL**

FL

Zip Code

**32117**

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, 2001 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**  
NAME **WEDDERSTRAND, WILLIAM L**  
STREET ADDRESS **1335 FLEMING AVE LOT 171**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

☐ Delete

TITLE  
NAME **WEDDERSTRAND William L**  
STREET ADDRESS **515 EAGLE DRIVE**  
CITY-ST-ZIP **HOLLY HILL FL 32117**

☒ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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☐ Change ☐ 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 SANDRA L WEDDERSTRAND Sandra L Wedderstrand 4-9-01 904 615 1074**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)