

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90096 039 ***150.00

DOCUMENT # P98000041770

1. Entity Name

MASHEWSKE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2815 JUNIPER CREEK ROAD
QUINCY FL 32351

~~ROUTE 4 BOX 215-B~~ 2815 JUNIPER CREEK RD
QUINCY FL 32351-9804

2. Principal Place of Business

2815 JUNIPER CREEK RD.

3. Mailing Address

2815 JUNIPER CREEK RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

QUINCY FL

City & State

QUINCY FL

4. FEI Number

59-3519867

Applied For

Not Applicable

Zip

32351

Country

USA

Zip

32351

Country

USA

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

MASHEWSKE, HARVEY J
2815 JUNIPER CREEK ROAD
QUINCY FL 32351

Name

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

2815 JUNIPER CREEK ROAD

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

Harvey Mashewske

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

(NOTE: Registered Agent signature required when reinstating)

x 3/23/00

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 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	D	<input type="checkbox"/> Delete
NAME	MASHEWSKE, HARVEY J	
STREET ADDRESS	ROUTE 4, BOX 215-B	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASHEWSKE, RUTH E R	
STREET ADDRESS	ROUTE 4, BOX 215-B	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2815 JUNIPER CREEK ROAD	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2815 JUNIPER CREEK ROAD	
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: x

Harvey Mashewske

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 3/23/00

DATE

x 850-442-4381

Daytime Phone #