

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050905

1. Entity Name

PASHA MARKETING, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90297 027 \*\*\*158.75

Principal Place of Business

1210 LAKE WILLISARA CIRCLE  
ORLANDO FL 32806

Mailing Address

PO BOX 568442  
ORLANDO FL 32856-8442  
US

2. Principal Place of Business

100 S. ORANGE AVE.

3. Mailing Address

100 S. ORANGE AVE

Suite/Apt. #, etc.

300

Suite/Apt. #, etc.

300

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32801

Country

USA

Zip

32801

Country

USA

4. FEI Number

59-3516409

Applied For

Not Applicable

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

WYZISK, HELMUT  
1210 LAKE WILLISARA CIRCLE  
ORLANDO FL 32806

Name

PETER QUILTY

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

100 S. ORANGE AVE, STE 300

City

ORLANDO

FL

Zip Code

32801

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

Peter Quilty

4-26-00

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 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	<input type="checkbox"/> Delete
NAME	WYZISK, HELMUT	
STREET ADDRESS	1210 LAKE WILLUSARA CIR	
CITY-ST-ZIP	ORLANDO FL 32806	
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	100 S. ORANGE AVE, STE 300
CITY-ST-ZIP	ORLANDO FL 32801
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

407-481-8900

Daytime Phone #

CR2E034 (9/99)