

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102932

1. Entity Name

MARIANNA'S ENTERPRISES INC

FILED

Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90075 050 ***150.00

Principal Place of Business

3205 PAN AMERICAN BLVD
NORTH PORT FL 34287

Mailing Address

3205 PAN AMERICAN BLVD
NORTH PORT FL 34287-1762

2. Principal Place of Business

20045 SAUCRAFT AVE.

3. Mailing Address

MARIANNA'S ENTERPRISES INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 3799

City & State

PORT CHARLOTTE

City & State

PORT CHARLOTTE

Zip 33954

Country

CHARLOTTE

Zip 33949

Country

CHARLOTTE

4. FEI Number

65-0878448

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCIRANKOVA, MARIANNA
3205 PAN AMERICAN BLVD
NORTH PORT FL 34287

7. Name and Address of New Registered Agent

Name

MICHAEL PASEK

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

4851 85TH AVE.

City

PINELLAS PARK

FL

Zip Code

33781

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)

Michael PASEK REG. AGENT

3/14/00

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MARIANNA, CIRANKOVA	
STREET ADDRESS	PAN AMERICAN BLVD.	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MARIANNA SCIRANKOVA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20045 SAUCRAFT AVE	
STREET ADDRESS	PORT CHARLOTTE, FL 33954	
CITY-ST-ZIP		
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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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

MARIANNA SCIRANKOVA, PRES. 3/14/00 941-613-5995

Date

Daytime Phone #