

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/16/

**FILED**  
**Sep 08, 2000 8:00 am**  
**Secretary of State**

08-16-2000 90006 004 \*\*\*150.00

**DOCUMENT # P99000010322**

1. Entity Name  
**MYSTIKAL SOL, INC.**

(R)

Principal Place of Business

2308 LAKESHORE DR.  
 NOKOMIS FL 34275

Mailing Address

2308 LAKESHORE DR.  
 NOKOMIS FL 34275

2. Principal Place of Business

**SAME AS ABOVE**  
 Suite, Apt. #, etc.

3. Mailing Address

**SAME AS ABOVE**  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**264-04-0770**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MYERS, JOHN H**  
**2831 RINGLING BLVD., B-107**  
**SARASOTA FL 34237**

Name

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

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<input type="checkbox"/> Delete
NAME	<b>President</b>
STREET ADDRESS	<b>SUSAN KOMMICK</b>
CITY-ST-ZIP	<b>2308 LAKESHORE DRIVE</b>
	<b>NOKOMIS, FL 34275</b>
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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

**Susan Kommick**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/24/00**

Date

**(813) 634-0498**

**(941) 966-3917**

CR2E034 (5/00)