

2000 UNIFORM BUSINESS REPORT (UBR)

2/2/29/

FILED

Jul 06, 2000 8:00 am
Secretary of State

02-29-2000 90134 026 ***150.00

DOCUMENT # P99000043875

1. Entity Name

MYAKKA DINER INC.

R

Principal Place of Business

Mailing Address

P. O. BOX 315
MYAKKA CITY FL 34251

P. O. BOX 315
MYAKKA CITY FL 34251-0315

2. Principal Place of Business

36951 SR 70 E

3. Mailing Address

P.O. Box # 315

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MYAKKA CITY, FL

City & State

MYAKKA CITY, FL

4. FEI Number

65-0918168

Applied For

Not Applicable

Zip

34251

Country

MANATEE

Zip

34251

Country

MANATEE

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

KULICK, THEDA
P. O. BOX 315
MYAKKA CITY FL 34251

Name

THEDA KULICK

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

37352 BRADENTON ARCADIA RD

MYAKKA CITY, FL

City

FL

Zip Code

34251

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

THEDA KULICK

Theda Kulick

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

TITLE OWNER ☐ Delete
NAME THEDA KULICK
STREET ADDRESS 37352 Bradenton Arcadia Rd
CITY-ST-ZIP MYAKKA CITY FL 34251

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

Theda Kulick THEDA KULICK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/14/00

Daytime Phone

841-322-8375

CP-2000 (7/98)