

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90348 015 \*\*\*558.75

DOCUMENT # P99000047506

1. Entity Name

Maryland Style, Inc.

**DO NOT WRITE IN THIS SPACE**

120386

2. Principal Place of Business  
6305 Bay Club Court

3. Mailing Address  
6305 Bay Club Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Tampa, FL

City & State  
Tampa, FL

4. FEI Number  
593583569

Applied For  
Not Applicable

Zip  
33607

Country  
USA

Zip  
33607

Country  
USA

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Sheryl L. Woznicki

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

66305 Bay Club Court

City  
Tampa

FL

Zip Code  
33607

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

*Sheryl L. Woznicki*

7/12/02

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Sheryl L. Woznicki, PRESIDENT  
6305 Bay Club Court  
Tampa, FL 33607

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sheryl L. Woznicki*

7/12/02

813-288-8510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sheryl L. Woznicki PRES.

Daytime Phone #

CR2E034B (12/01)