

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90937 036 \*\*\*150.00

034-305 AV

**DOCUMENT # S12794**  
 1. Entity Name  
**PITTSVILLE SERVICES, INC. -- FLORIDA**

|  |   |
|--|---|
| Principal Place of Business<br>1560 SE 24 ST<br>STE 10<br>FT LAUDERDALE FL 33316<br>US | Mailing Address<br>P O BOX 21783<br>FT. LAUDERDALE FL 33335 |
|--|---|



|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |              |                                       |  |
|---|--------------|---------------------------------------|--|
| City & State  | City & State | 4. FEI Number<br><b>65-0229800</b>    | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip   | Country      | Zip                                   | Country  |
| 5. Certificate of Status Desired <input type="checkbox"/> |              | <b>\$8.75</b> Additional Fee Required |  |

**6. Name and Address of Current Registered Agent**

**MARAUSZWSKI, PETER J.**  
**7559 NW 2ND COURT**  
**SUITE 10**  
**PLANTATION FL 33317**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2531 Okeechobee Lane**  
 City **Fort Lauderdale** **FL** Zip Code **33312**

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 Marauszwski* **Peter Marauszwski** *President*  
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.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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          | <b>STD</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>MARAUSZWSKI, WILLIAM</b> |                                 |
| STREET ADDRESS | <b>5353 NW 55TH TERRACE</b> |                                 |
| CITY-ST-ZIP    | <b>POMPANO BEACH FL</b>     |                                 |
| TITLE          | <b>P</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>MAVAUSZWSKI, PETER</b>   |                                 |
| STREET ADDRESS | <b>7559 NW 2 CT</b>         |                                 |
| CITY-ST-ZIP    | <b>PLANTATION FL 33317</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    |                             |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          | <b>P</b>                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Peter Marauszwski</b>        |  |
| STREET ADDRESS | <b>2531 Okeechobee Lane</b>     |  |
| CITY-ST-ZIP    | <b>Fort Lauderdale FL 33312</b> |  |
| 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:** *Peter Marauszwski* **Peter Marauszwski** *Pres. Ltd* **3-27-02** **954 325 5342**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)