

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V51333

1. Entity Name

MYSKOWSKI, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90150 012 ***150.00

Principal Place of Business

Mailing Address

~~204 LAUREL HOLLOW DRIVE~~
~~NOKOMIS FL 34275~~

~~204 LAUREL HOLLOW DRIVE~~
~~NOKOMIS FL 34275~~

2. Principal Place of Business

2320 SANDLEWOOD DR
Suite, Apt. #, etc.

3. Mailing Address

2320 SANDLEWOOD DR
Suite, Apt. #, etc.

City & State

VENICE FL

City & State

VENICE FL

4. FEI Number

65-0357280

Applied For

Not Applicable

Zip

34293

Country

SARASOTA

Zip

34293

Country

SARASOTA

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

REEGLER, SARI LYNN
1521 S. TAMiami TRAIL
SUITE 304
VENICE FL 34292

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 \$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 ☐ Delete
NAME D
STREET ADDRESS MYSKOWSKI, JOHN
CITY-ST-ZIP ~~204 LAUREL HOLLOW DR~~
~~NOKOMIS FL~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 D
STREET ADDRESS 2320 SANDLEWOOD DR
CITY-ST-ZIP VENICE, FL 34293

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)