


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90047 038 \*\*\*150.00

**DOCUMENT # J83401**

1. Entity Name  
**MALLARDS 5 & 10, INC.**



Principal Place of Business  
**255 S. LAWRENCE BLVD.  
KEYSTONE HEIGHTS FL 32656**

Mailing Address  
**255 S. LAWRENCE BLVD.  
KEYSTONE HEIGHTS FL 32656  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**JOHN A. WICK  
255 S. LAWRENCE BLVD.  
KEYSTONE HEIGHTS FL 32656**

4. FEI Number **59-2378169** Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ETHERIDGE, DEBORAH J</b>	
STREET ADDRESS	<b>80 FAIRWAY DRIVE</b>	
CITY-ST-ZIP	<b>KEYSTONE HEIGHTS FL 32656</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>WICK, JOHN A</b>	
STREET ADDRESS	<b>3051 S.E. S.R. 21</b>	
CITY-ST-ZIP	<b>MELROSE FL 32666</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ETHERIDGE, CHARLES D</b>	
STREET ADDRESS	<b>80 FAIRWAY DRIVE</b>	
CITY-ST-ZIP	<b>KEYSTONE HEIGHTS, FL. 32656</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WICK, ARDYCE</b>	
STREET ADDRESS	<b>3051 S.E. S.R. 21</b>	
CITY-ST-ZIP	<b>MELROSE FL 32666</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>777 S.E. 50<sup>TH</sup> ST.</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>777 S.E. 50<sup>TH</sup> ST.</b>	
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		

CR2E034 (10/02)

12. 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 10 or Block 11 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 # \_\_\_\_\_