

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90354 040 ****70.00

DOCUMENT # N93000004720

1. Entity Name

M.U.G., INC.

Principal Place of Business

Mailing Address

3220 VAIL VIEW DRIVE
 DAYTONA BEACH FL 32124
 32128

3220 VAIL VIEW DRIVE
 DAYTONA BEACH FL 32124
 32128

80089500



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3205967

Applied For

Not Applicable

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

BROWN, JONI
 3220 VAIL VIEW DRIVE
 DAYTONA BEACH FL 32124 32128

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, JONI	
STREET ADDRESS	3220 VAIL VIEW DR	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HOY, SANDY	
STREET ADDRESS	121 W OTTAWA ST	
CITY-ST-ZIP	OAK HARBOR-OH	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, EDWARD	
STREET ADDRESS	7650 RAGLAN DR NE	
CITY-ST-ZIP	WARRAN OH	
TITLE	V	<input type="checkbox"/> Delete
NAME	GAZETTE, MARK	
STREET ADDRESS	28640 MANNING ROAD	
CITY-ST-ZIP	PUEBLO CO	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, GORDON	
STREET ADDRESS	2166 N 700 WEST	
CITY-ST-ZIP	OGDEN UT 84414	
TITLE	CD	<input type="checkbox"/> Delete
NAME	OWENS, BUDDY	
STREET ADDRESS	120 BEECHWOOD HILLS DRIVE	
CITY-ST-ZIP	RALEIGH NC 27603	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrea Latzko	
STREET ADDRESS	6226 Crafton Street	
CITY-ST-ZIP	Philadelphia, PA 19149	
TITLE	S	<input checked="" 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		

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 617, 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: Joni Brown **REJONIA BROWN**

04/19/02 386-226-6507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

ATTACHMENT

Please add the following Director:

D
Cipriano, Joseph
17651 SW 8th Street
Pembroke Pine, FL 33029

N93000004720