

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90156 001 ***150.00

0594767 AV

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1. Entity Name
MUD & ENVIRONMENTAL TECHNOLOGIES ADVANCE INC



Principal Place of Business
**2227 MALLARD CREEK CIRCLE
ORLANDO FL 34743**

Mailing Address
**2227 MALLARD CREEK CIRCLE
ORLANDO FL 34743**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
KISSIMEE Florida

City & State
KISSIMEE Florida

4. FEI Number
71-0911178

Applied For
Not Applicable

Zip Country

Zip Country

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

**JIMENEZ, NOEMI K
2227 MALLARD CREEK CIRCLE
ORLANDO FL 34743**

Name

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

City **KISSIMEE** **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D CEDENO, WILLIAMS R**
STREET ADDRESS **2227 MALLARD CREEK CIRCLE**
CITY-ST-ZIP **ORLANDO FL 34743**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **KISSIMEE Florida**

TITLE Delete
NAME **D ZAMORA, HECTOR J**
STREET ADDRESS **2227 MALLARD CREEK CIRCLE**
CITY-ST-ZIP **ORLANDO FL 34743**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **KISSIMEE Florida**

TITLE Delete
NAME **D DEL VALLE JIMENEZ, TAMARA**
STREET ADDRESS **2227 MALLARD CREEK CIRCLE**
CITY-ST-ZIP **ORLANDO FL 34743**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **KISSIMEE Florida**

TITLE Delete
NAME **D JIMENEZ, NOEMI K**
STREET ADDRESS **2227 MALLARD CREEK CIRCLE**
CITY-ST-ZIP **ORLANDO FL 34743**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **KISSIMEE Florida**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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 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]* **SIGNATURE REQUIRED**

3/26/03

407-344-0217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)