

FILED
Aug 06, 2003 8:00 A.M.
Secretary of State

Amended

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

DOCUMENT # P93000083409

1. Entity Name
MUDDOBBERS, INC.

Principal Place of Business
 30750 WATSON BLVD
 BIG PINE KEY, FL 33443

Mailing Address
 30750 WATSON BLVD
 BIG PINE KEY, FL 33043

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

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

4. FEI Number
85-8457921

Applied For
 Not Applicable

5. Certificate of Status Desired
 \$5.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MOORE, RUSSELL D
 30750 WATSON BLVD
 BIG PINE KEY, FL 33043**

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 _____ DATE _____

9. Election Campaign Financing
 \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PSTD MOORE, RUSSELL D 30750 WATSON BLVD BIG PINE KEY, FL 33043	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V CORROY, KEVIN 1478 HAVELKA LANE BIG PINE KEY, FL 330430189	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(2)(1), 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 and an address, with all other fee empowered.

SIGNATURE: *Russell Moore* DATE: *7/23/03*

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