

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90177 038 ***150.00

DOCUMENT # P01000017931

1. Entity Name
MUSTANG CONTRACTING, INC.



Principal Place of Business
**8902 N. DALE MABRY, STE. #102
TAMPA FL 33614-1579**

Mailing Address
**8902 N. DALE MABRY, STE. #102
TAMPA FL 33614-1579**

2. Principal Place of Business
2474 Sunrise Ct.

3. Mailing Address
P.O. Box 6692

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Spring Hill, FL

City & State
Spring Hill FL

4. FEI Number
59-3708897

Applied For
Not Applicable

Zip
34608 Country
U.S.

Zip
34611 Country
U.S.

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FISHER, JAMES P SR
2474 SUNRISE CT
SPRING HILL FL 34608**

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 *James P. Fisher Sr.*

(NOTE: Registered Agent signature required when reinstating)

1/25/03
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 **D** ☐ Delete
NAME **FISHER, SANDY L**
STREET ADDRESS **2474 SUNRISE CT.**
CITY-ST-ZIP **SPRING HILL FL 33608**

TITLE **VP** ☐ Delete
NAME **FISHER, JAMES P SR**
STREET ADDRESS **2474 SUNRISE CT**
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 another like empowered.

SIGNATURE: *James P. Fisher Sr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/03 *552-516-2651*
Date Daytime Phone #

CR2E034 (10/02)