

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90122 023 ***150.00

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

DOCUMENT # 4-83937

1. Entity Name
THE MUFFLER SHOP, INC.
222 N. Harbor City Blvd.
Melbourne, FL 32935

831228

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

THE MUFFLER SHOP, INC.

Suite, Apt. #, etc.

222 HARBOR CITY BLVD

City & State

MEL FL

Zip

32935

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

15-9162053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

RUF0 NATHEAL

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

4615 RADFORD LANE

City

MEL

FL

Zip Code

32934

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
RUF0 NATHEAL
4615 RADFORD LANE
MEL, FL 32934**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
RUF0 ANNETTE
4615 RADFORD LANE
MEL, FL 32934**

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNETTE RUF0

Date

4-8-02

Daytime Phone #

321-234-3523

CR2E034B (12/01)