2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 20, 2000 8:00 am Secretary of State **DOCUMENT # 749761** 1. Entity Name RED MULE RUNNERS, INC. 01-20-2000 90237 048 ****61.25 Principal Place of Business Mailing Address 900 US 98 NORTH 900 US 98 NORTH" P.O. BOX 1724 P.O. 80X 1724 BROOKSVILLE FL 34605-1724 BROOKSVILLE FL 34605-9724 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc City & State 4. FEI Number Applied For City & State 59-2275260 Not Applicable Zip Country **\$8.75**, Additional Country 5. Certificate of Status Desired -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROGERS, G. W 9851 DOMINGO DR. **BROOKSVILLE FL 34601** 8. The above named entity submits this statement for the purpose of changing its registered office SIGNATURE \$5.00 May Be Make Check Payable to 9. Election Campaign Financing FILE NOW: Trust Fund Contribution. Added to/Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition ☐ Delete TITLE TITLE NAME MERRITT, DANIEL JR NAME 9851 DOMING DE STREET ADDRESS STREET ADDRESS 101 S MAN ST. BROOKVILLE, Fr. 34601 CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34601** Change ☐ Addition VPD ☐ Delete TITLE GRIGG, JOHN NAME NAME STREET ADDRESS 10401 PRESTON RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL** Addition DTS TITLE ☐ Delete LOVEDAY, DANIG G NAME STREET ADDRESS 100 MT FAIR AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BROOKSVILLE FL 34601 ┌ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DDY-ST-7)P Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P

12. Thereby 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.

DIRECTOR

Date Daytime Phone #