

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90011 024 ***150.00

DOCUMENT # F01000002598

1. Entity Name

MAHOOD ENTERPRISES, INC.

Principal Place of Business

**4201 SE 41ST AVE
 Ocala FL 34480**

Mailing Address

**4201 SE 41ST AVE
 Ocala FL 34480**

2. Principal Place of Business

4201 SE 41st Ave

3. Mailing Address

4201 SE 41st Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala - FL -

City & State

Ocala, FL -

4. FEI Number

57-1036170

Applied For

Not Applicable

Zip

34480

Country

USA

Zip

34480

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MAHOOD, MICHELE
 4201 SE 41ST AVE
 Ocala FL 34480**

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.

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)

☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **PS** ☐ Delete
 NAME **MAHOOD, TIMOTHY**
 STREET ADDRESS **4201 SE 41ST AVE**
 CITY-ST-ZIP **OCALA FL 34480**

TITLE **VT** ☐ Delete
 NAME **MAHOOD, MICHELE**
 STREET ADDRESS **4201 SE 41ST AVE**
 CITY-ST-ZIP **OCALA FL 34480**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michele J. Mahood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-02

Date

352 624-

Daytime Phone # **3153**

CR2E034 (9/01)