

1/9/2

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90080 023 \*\*\*150.00

DOCUMENT # F91373

1. Entity Name  
**MULBERRY REMANUFACTURING SERVICES, INC.**



Principal Place of Business  
**405 SOUTH CHURCH STREET  
MULBERRY FL 33860**

Mailing Address  
**405 SOUTH CHURCH STREET  
MULBERRY FL 33860**

55005229



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 59-2205853

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALHOUN, MARSHALL**  
**4135 ORANGE AVE.**  
**MULBERRY FL 33860**

Name **Chris Ternak V/P**Street Address (P.O. Box Number is Not Acceptable)  
**405 S. Church Ave**City **Mulberry FL**

FL

Zip Code  
**33860**

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

**Chris Ternak Chris Ternak V/P**

1-6-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Delete  
NAME **CALHOUN, LOUISE**  
STREET ADDRESS **4135 ORANGE AVE.**  
CITY-ST-ZIP **MULBERRY FL**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Chris Ternak**  
STREET ADDRESS **405 S. church AVE.**  
CITY-ST-ZIP **Mulberry FL. 33860**

TITLE **President** ☒ Delete  
NAME **marshall calhoun**  
STREET ADDRESS **2728 Sundance Pl.**  
CITY-ST-ZIP **Mulberry FL. 33860**

TITLE **President** ☐ Change ☒ Addition  
NAME **Keith Peterson**  
STREET ADDRESS **405 S. church AVE.**  
CITY-ST-ZIP **Mulberry FL. 33860**

TITLE **---** ☐ Delete  
NAME **---**  
STREET ADDRESS **---**  
CITY-ST-ZIP **---**

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

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

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 all other like empowered.

SIGNATURE:

**Chris Ternak V/P**

1-6-03

1-863-425-1769

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/02)