

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H24098

1. Entity Name

MUCCI DEVELOPMENT COMPANY

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90186 020 ***150.00

Principal Place of Business

Mailing Address

~~1923 WESTPOINTE CIRCLE
 ORLANDO FL 32835
 US~~

~~1923 WESTPOINTE CIRCLE
 ORLANDO FL 33549-2836
 US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18916 MAISONS DRIVE

3. Mailing Address

18916 MAISONS DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LUTZ, FLORIDA

City & State

LUTZ, FLORIDA

4. FEI Number

59-2455365

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

MUCCI, WAYNE D

~~1923 WESTPOINTE CIRCLE~~

~~ORLANDO FL 32835~~

18916 MAISONS DRIVE

LUTZ, FL. 33549

Name

~~MUCCI, WAYNE D.~~

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

~~18916 MAISONS DRIVE~~

City

~~LUTZ~~

FL

Zip Code

~~33549~~

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

WAYNE D. MUCCI, PRESIDENT

Wayne D. Mucci

4-11-00

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
 NAME MUCCI, WAYNE D.
 STREET ADDRESS ~~1923 WESTPOINTE CIRCLE~~
 CITY-ST-ZIP ~~ORLANDO FL~~

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME 18916 MAISONS DRIVE
 STREET ADDRESS LUTZ, FL. 33549
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wayne D. Mucci, Pres.

4-11-00

(813)949-9191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WAYNE D. MUCCI, PRESIDENT

CR2E034 (9/99)