

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

053724 AV

04-10-2002 90020 023 ***150.00

DOCUMENT # J02168

1. Entity Name

MUD RIVER INVESTMENTS, INC.

Principal Place of Business

**% M.D. ANGLIN
 8173 RIVERPOINT DR
 WEEKI WACHEE FL 34607**

Mailing Address

**% M.D. ANGLIN
 8173 RIVERPOINT DR
 WEEKI WACHEE FL 34607**

80062378



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2691972

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ANGLIN, MITCHELL DALE
 8173 RIVERPOINT DR
 WEEKI WACHEE FL 34607**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	ANGLIN, MITCHELL DALE	
STREET ADDRESS	8173 RIVERPOINT DR	
CITY-ST-ZIP	WEEKI WACHEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAGRILL, BENJAMIN	
STREET ADDRESS	389 KISMET	
CITY-ST-ZIP	PAHOKEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAGRILL, ABBE	
STREET ADDRESS	1017 LAKE CHARLES CIR	
CITY-ST-ZIP	LUTZ FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAFNIS, DAVID	
STREET ADDRESS	2700 67 AVE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANGLIN, PATRICIA A.	
STREET ADDRESS	8173 RIVERPOINT DR	
CITY-ST-ZIP	WEEKI WACHEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Mitchell Dale Anglin* **REQUIM MITCHELL DALE ANGLIN** 4/3/02 352-596-3172
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)