

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90148 043 ***150.00

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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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-2691972** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANGLIN, MITCHELL DALE 8173 RIVERPOINT DR WEEKI WACHEE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGRILL, BENJAMIN 389 KISMET PAHOKEE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGRILL, ABBE 1017 LAKE CHARLES CIR LUTZ FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAFNIS, DAVID 2700 67 AVE SOUTH ST. PETERSBURG FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGLIN, PATRICIA A. 8173 RIVERPOINT DR WEEKI WACHEE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information empowered.

SIGNATURE: Mitchell Dale Anglin 4/2/03 352-597-1033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)