

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J71537

1. Entity Name

MAUCH ENTERPRISES INTERNATIONAL, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90020 001 ***150.00

Principal Place of Business

Mailing Address

3006 ASHLAND TERRACE
CLEARWATER FL 34621

3006 ASHLAND TERRACE
CLEARWATER FL 33761-2001

2. Principal Place of Business

3. Mailing Address

1120 RAMBLING VINE CT
Suite, Apt. #, etc.

1120 RAMBLING VINE CT
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
NEWPORT RICHEY, FL

City & State
NEWPORT RICHEY, FL

4. FEI Number 59-2819516

Applied For
Not Applicable

Zip Country
34655 USA

Zip Country
34655 USA

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

BROWN, CHARLIE R.
918 DREW STREET
SUITE A
CLEARWATER FL 33515

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 _____ (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, 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
NAME MAUCH, ROBERT
STREET ADDRESS 3006 ASHLAND TERRACE
CITY-ST-ZIP CLEARWATER FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1120 RAMBLING VINE CT.
CITY-ST-ZIP NEWPORT RICHEY, FL 34655

TITLE STD
NAME MAUCH, JACQUELINE
STREET ADDRESS 3006 ASHLAND TERRACE
CITY-ST-ZIP CLEARWATER FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1120 RAMBLING VINE CT
CITY-ST-ZIP NEWPORT RICHEY, FL 34655

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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)(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: JACQUELINE MAUCH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00 727-372-8992
Date Daytime Phone #

CR2E034 (9/99)