

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K76481**

1. Entity Name
MANATEE MUSTANG SUPPLY, INC.

Principal Place of Business
**715 IXORA AVE.
ELLENTON FL 34222
US**

Mailing Address
**PO BOX 715
ELLENTON FL 34222**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0170187**

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

**THOMPSON, DENNIS A.
715 IXORA AVE.
ELLENTON FL 34222**

Name
S. A. N. C.
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D**
NAME **THOMPSON, DENNIS A.**
STREET ADDRESS **715 IXORA AVE.**
CITY- ST- ZIP **ELLENTON FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **D**
NAME **THOMPSON, SHERRY L.**
STREET ADDRESS **715 IXORA AVE.**
CITY- ST- ZIP **ELLENTON FL**

TITLE
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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:

WIGMORE RESURED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/02 9417223151
Date Daytime Phone #

05-28-2002 90716 011 ***150.00
K76481

FILED

02 JUL 24 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CP2E034 (5/01)