

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K83951

1. Entity Name

MUSSETTER TRUCKING, INC.

Principal Place of Business

% MARY MUSSETTER
158 GARY AVE
OAK HILL FL 32759

Mailing Address

% MARY MUSSETTER
158 GARY AVE
OAK HILL FL 32759

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 59-2953480

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUSSETTER, MARY
158 GARY AVE
OAK HILL FL 32759

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.

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, 2001 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

TITLE : D
NAME : MUSSETTER, MARY
STREET ADDRESS : 158 GARY AVE
CITY-ST-ZIP : OAK HILL FL

☐ Delete

TITLE :
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE :
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

☐ Change ☐ Addition

TITLE :
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

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NAME :
STREET ADDRESS :
CITY-ST-ZIP :

☐ Change ☐ Addition

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:

Mary L Mussetter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01 904-345-3882
Date Daytime Phone #

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90113 002 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)