

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L31232

1. Entity Name
MUST, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90038 032 ***158.75

Principal Place of Business Mailing Address
ATTN: ~~DEBORAH LANGEN~~ Corp. Acctg. ATTN: ~~DEBORAH LANGEN~~ Corp. Acctg.
375 COMMERCE PARKWAY, SUITE 201 375 COMMERCE PARKWAY, SUITE 201
ROCKLEDGE FL 32955 ROCKLEDGE FL 32955-4209



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Attn: Corporate Accounting Attn: Corporate Accounting
Suite, Apt. #, etc. Suite, Apt. #, etc.
375 Commerce Parkway 375 Commerce Parkway
City & State City & State
Rockledge, FL 32955 Rockledge, FL 32955
Zip Country Zip Country
32955 USA 32955 USA

4. FEI Number **59-3021944** 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
BUCHANAN, MARK S
375 COMMERCE PKWY STE 201
ROCKLEDGE FL 32955
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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUCHANAN, MARK S		NAME		
STREET ADDRESS	375 COMMERCE PKWY STE 201		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL 32955		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TEAGUE TONI M		NAME		
STREET ADDRESS	375 COMMERCE PKWY STE 201		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL 32955		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LONG DONALD J.		NAME		
STREET ADDRESS	375 COMMERCE PWKY STE 201		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL 32955		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00

CR2004 10/00