**FILED**
**Apr 23, 2003 8:00 am**
**Secretary of State**
03-24-2003 90154 049 ****61.25

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001345

55029403

1. Entity Name
YE MUTTLEY KREWE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 152715<br>TAMPA, FL 33684 | P.O. BOX 152715<br>TAMPA, FL 33684 |

☐ CHECK HERE IF MAKING CHANGES

| 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 59-3700633 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMESON, MELODAY G
1512 FT DUQUESNE DRIVE
SUN CITY CENTER, FL 33573

7. Name and Address of New Registered Agent

Name Karen Patterson
Street Address (P.O. Box Number is Not Acceptable) 1510 W. Fork Lane
City Tampa FL Zip Code 33603

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 Karen G. Patterson 4-15-03
(Signature, type or print name of registered agent and title if applicable.) (NOTE: Registered Agent's signature required when reinstating.) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PT<br>PATTERSON, KAREN G<br>1610 W PARK LANE<br>TAMPA, FL 33603 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>D Lucy Laboy<br>1636 Tanglelvine Dr.<br>Wesley Chapel, FL 33543 | ☒ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VT<br>PIROCHTA, WENDY<br>2902 W ROGERS<br>TAMPA, FL 33611 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>T Tony Hamilton<br>5220 Russell St<br>Tampa, FL 33611 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>JAMESON, MELODY G<br>PO BOX 1266<br>RIVERVIEW, FL 33568 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>T Kay Coughenhour<br>5102 Belmere Pkwy #1808<br>Tampa, FL 33624 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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 617, 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 like empowered.

SIGNATURE: Karen G. Patterson 4/15/03 (813) 237-4442
(MANDATORY: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #