

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002195

1. Entity Name

MISSION TATARSTAN, INC.

FILED

May 22, 2002 8:00 am
Secretary of State

05-22-2002 90108 010 ****61.25

Principal Place of Business

Mailing Address

2524 LANCASTER DRIVE
SUN CITY CENTER FL 33573

2524 LANCASTER DRIVE
SUN CITY CENTER FL 33573

2. Principal Place of Business

2524 LANCASTER DR.

Suite, Apt. #, etc.

3. Mailing Address

2524 LANCASTER DR.

Suite, Apt. #, etc.

City & State

SUN CITY CENTER

City & State

SUN CITY CENTER

4. FEI Number

59-3445824

Applied For

Not Applicable

Zip

33573

Country

USA

Zip

33573

Country

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

Name

MCKNIGHT, J. SCOTT
2524 LANCASTER DRIVE
SUN CITY CENTER FL 33573

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



FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DVT ☐ Delete
NAME MCKNIGHT, J. SCOTT
STREET ADDRESS 2524 LANCASTER DRIVE
CITY-ST-ZIP SUN CITY CENTER FL 33573

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

TITLE DP ☐ Delete
NAME HARRIS, DANIEL B
STREET ADDRESS 2248 E. OAKLAND
CITY-ST-ZIP HEMET CA 92544

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

TITLE DS ☐ Delete
NAME WATSON, CLIFFORD H
STREET ADDRESS 44200 PALM AVENUE
CITY-ST-ZIP HEMET CA 92544

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

TITLE D ☐ Delete
NAME HIRES, WILLIAM F
STREET ADDRESS 1809 W SITKA ST
CITY-ST-ZIP TAMPA FL 33604

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

J. Scott McKnight

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02 (813) 985-9279

Date

Daytime Phone #

CR2E037 (9/01)