## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N97000002195

HIRES, WILLIAM F

1809 W SITKA ST

TAMPA, FL 33604

Name:

Address:

City-St-Zip:

Entity Name: MISSION TATARSTAN, INC.

FILED May 02, 2003 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	CASTER DR. CENTER, FL	33573			
Current Mailing Address:			New Mailing Addre	ess:	
	CASTER DR. CENTER, FL	33573			
FEI Number	: 59-3445824	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
2524 LANG	IT, J. SCOTT CASTER DRIN CENTER, FL				
	named entity e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATU					
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MCKNIGHT, Ĵ. 2524 LANCAS		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DP ( HARRIS, DANI 2248 E. OAKL HEMET, CA 9	AND	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DS ( WATSON, CLI 44200 PALM A HEMET, CA 9	VENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	D (	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: J. SCOTT MCKNIGHT DVT 05/02/2003