

2001 UNIFORM BUSINESS REPORT (UBR)

1/1

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-16-2001 90091 006 ***150.00

DOCUMENT # P00000030156

1. Entity Name
MUDZ, INC.

Principal Place of Business
320 LINDA LANE NW
FORT WALTON BEACH FL 32548

Mailing Address
320 LINDA LANE NW
FORT WALTON BEACH FL 32548



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13331 Gulf Blvd
Suite, Apt. #, etc.
City & State
Madison Beach
Zip
33108
Country

3. Mailing Address
13331 Gulf Blvd
Suite, Apt. #, etc.
City & State
Madison Beach
Zip
33108
Country

4. FEI Number
59-3637365
Applied For
Not Applicable
5. Certificate of Status-Desired - ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TOOKE, JOHN
320 LINDA LANE NW
FORT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent
Name
John Tooke
Street Address (P.O. Box Number is Not Acceptable)
2507 51st St South
City
Gulfport FL Zip Code
33707

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	PST	<input type="checkbox"/> Delete
NAME	TOOKE, JOHN	
STREET ADDRESS	320 LINDA LANE NW	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	V	<input type="checkbox"/> Delete
NAME	MUNDERVILLE, KEITH	
STREET ADDRESS	320 LINDA LANE NW	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tooke, John	
STREET ADDRESS	2507 51st Street South	
CITY-ST-ZIP	Gulfport FL 33707	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Munderville, Keith	
STREET ADDRESS	2807 61st Street South	
CITY-ST-ZIP	Gulfport FL 33707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

31/Jan/01 335-9442
Date Daytime Phone #

CR2E034 (10/00)