2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State
01-29-2003 90177 038 ***150.00

DOCUMENT # P01000017931

1. Entity Name
MUSTANG CONTRACTING, INC.

Principal Place of Business	Mailing Address
8902 N. DALE MABRY, STE. #102	8902 N. DALE MABRY, STE. #102
TAMPA FL 33614-1579	TAMPA FL 33614-1579

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2474 Sunrise CT.	P.O. Box 6692
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Spring Hill, FL.	City & State: Spring Hill FL
Zip: 34608 Country: U.S.	Zip: 34611 Country: U.S.

4. FEI Number 59-3708897 ☐ 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
FISHER, JAMES P SR	Name
2474 SUNRISE CT	Street Address (P.O. Box Number is Not Acceptable)
SPRING HILL FL 34608	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE James P. Fisher Sr. 1/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FISHER, SANDY L	NAME	
STREET ADDRESS	2474 SUNRISE CT.	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 33608	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FISHER, JAMES P SR	NAME	
STREET ADDRESS	2474 SUNRISE CT	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34608	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (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 607, 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: James P. Fisher Sr. — (JAMES P.) Fisher Sr. 1/25/03 352-516-2651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #