

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90010 013 \*\*\*150.00

**DOCUMENT # P01000065252**

1. Entity Name  
**MUFFIE, INC.**

Principal Place of Business  
**341 NORTH MAITLAND AVE STE 340**  
**MAITLAND FL 32751**

Mailing Address  
**341 NORTH MAITLAND AVE STE 340**  
**MAITLAND FL 32751**

2. Principal Place of Business  
**Suite, Apt. #, etc.**

3. Mailing Address  
**Post Office Drawer 7540**

Suite, Apt. #, etc.

City & State  
**Maitland, Florida**

4. FEI Number  
**59-3736893**

Zip  
**32794-7540**

Country

Zip  
**32794-7540**

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

**TATICH, PHILP**  
**341 NORTH MAITLAND AVE STE 340**  
**MAITLAND FL 32751**

Name  
 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 \_\_\_\_\_ (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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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**DPS**  
**Trasport, Richard**  
**138 Lake Ring Dr.**  
**Winter Haven, Florida 33884**

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:

*Richard Trasport*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-02 863-324-0618

CR2E034 (9/01)