

2002 UNIFORM BUSINESS REPORT (UBR)

05-14-2002 90214'028 ***150.00

DOCUMENT # P01000072649

1. Entity Name

MUTANTMACHINES.COM, INC.

FILED

02 JUN -4 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

117 RACETRACK RD NW #118
FORT WALTON BEACH FL 32547

Mailing Address

117 RACETRACK RD NW #118
FORT WALTON BEACH FL 32547

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

F.W.B. FL
32548

City & State

F.W.B. FL
32548 OKALOOSA

4. FEL Number

31-3733273

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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

TITLE D ☐ Delete
NAME BLOODSWORTH, MICHAEL G
STREET ADDRESS 117 RACETRACK RD NW #118
CITY-ST-ZIP FORT WALTON BEACH FL 32547

TITLE D ☐ Delete
NAME KIRBY, JAMES H III
STREET ADDRESS 117 RACETRACK RD NW #118
CITY-ST-ZIP FORT WALTON BEACH FL 32547

TITLE D ☐ Delete
NAME PALMER, EROL W
STREET ADDRESS 117 RACETRACK RD NW #118
CITY-ST-ZIP FORT WALTON BEACH FL 32547

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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:

Michael G. Bloodsworth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02 8502403583

Date

Daytime Phone #

CR2E034 (9/01)