

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90551 012 ***150.00

DOCUMENT # P02000018599

1. Entity Name
MOSQUITO LAGOON OUTFITTERS, INC.



Principal Place of Business
22 NORTH WASHINGTON AVENUE
TITUSVILLE FL 32796

Mailing Address
22 NORTH WASHINGTON AVENUE
TITUSVILLE FL 32796

2. Principal Place of Business
MOSQUITO LAGOON OUTFITTERS
22 N. Washington Ave.
Titusville, FL 32796
(321) 267-1200

3. Mailing Address
MOSQUITO LAGOON OUTFITTERS
22 N. Washington Ave.
Titusville, FL 32796
(321) 267-1200

City & State **City & State** **4. FEI Number** **Applied For**
Zip Country Zip Country **01-0608782** **Not Applicable**
Brevard **Brevard** **5. Certificate of Status Desired** **\$8.75 Additional**
☐ **Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

TAYLOR, RICHARD
3150 N. WICKHAM ROAD
SUITE 3
MELBOURNE FL 32933

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Richard E. Taylor* **DATE** *1/17/03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President</i> <i>William M. Cook</i> <i>1530 Hidden Wood Rd</i> <i>Cocoa, FL</i>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT</i> <i>William M. Cook</i> <i>1530 Hidden Wood Road</i> <i>Cocoa, Florida 32926</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V. President</i> <i>William C. Butcher</i> <i>4695 Cinema St.</i> <i>Cocoa, FL 32927</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Sect. - Treasurer</i> <i>Elaine Cook</i> <i>1530 Hidden Wood Road</i> <i>Cocoa, FL 32926</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William M. Cook*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-03 *321-267-1200*
Date **Daytime Phone #**

CR2E034 (10/02)