

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

05/16/98 AV

DOCUMENT # P02000086941

1. Entity Name
MODERN MUSTANGS OF NORTH AMERICA, INC.



04-28-2003 91319 042 ***150.00

Principal Place of Business
**20 S. BROAD ST.
BROOKSVILLE FL 34601**

Mailing Address
**20 S. BROAD ST.
BROOKSVILLE FL 34601**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0637328

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FLORIDA & OFFSHORE BUSINESS FORMATION, INC
20 S. BROAD ST.
BROOKSVILLE FL 34601**

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 _____
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 ☐ Delete
NAME **D SALAS, ERICA**
STREET ADDRESS **20 S. BROAD ST.**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

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

TITLE ☒ Delete
NAME **D KELLEY, CHRIS**
STREET ADDRESS **20 S. BROAD ST.**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

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

TITLE ☒ Delete
NAME **D WERP, CINDY**
STREET ADDRESS **20 S. BROAD ST.**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE ☐ Change ☒ Addition
NAME **D Werp, Cindy**
STREET ADDRESS **20 S. Broad ST**
CITY-ST-ZIP **Brooksville, FL 34601**

TITLE ☐ Delete
NAME **D GORHAM, MIKE**
STREET ADDRESS **20 S. BROAD ST.**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

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

TITLE ☐ Delete
NAME **D CRADDOCK, JAN**
STREET ADDRESS **20 S. BROAD ST.**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

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

TITLE ☐ Delete
NAME **D MUNROE, ROBERT**
STREET ADDRESS **20 S. BROAD ST.**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE ☒ Change ☐ Addition
NAME **D Munroe, Jr., John R.**
STREET ADDRESS **20 S Broad ST**
CITY-ST-ZIP **Brooksville, FL 34601**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03 813 962 7120
Date Daytime Phone #

CR2E034 (10/02)