2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 08, 2000 8:00 am **DOCUMENT # P15552** 1. Entity Name **Secretary of State** MULE PEN QUARRY CORPORATION 02-08-2000 90142 038 ***150.00 多重型 医内部 Principal Place of Business Mailing Address C/O DENNIS D FRICK 155 E. 21 ST STREET (32206) P.O. BOX 4667 PO BOX 4667 O TOOOA JACKSONVILLE FL 32201-4667 JACKSONVILLE FL 32201-1667 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 33-0250203 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRICK, DENNIS D Street Address (P.O. Box Number is Not Acceptable) 155 E. 21ST ST. JACKSONVILLE FL 32206 Zip Code City 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 reinstating) FILE NOW!!! FEE IS \$150.00 • 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ی در Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE BAKER, EDWARD L. NAME NAME STREET ADDRESS 155 E. 21ST ST. STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-7IP ☐ Addition EVD Delete TITLE ☐ Change TITLE NAME BAKER, JOHN D., II NAME STREET ADDRESS STREET ADDRESS 155 E. 21ST ST. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Change ☐ Addition ŤITI F ☐ Delete TITLÉ FRICK, DENNIS D NAME NAME STREET ADDRESS 155 E. 21ST-STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL - mispelles ☐ Change ■ Addition Delete TITLÉ JAMES FEFFRËY GILSTRAP NAME Gilstrap, Jämes **J.** 155 E PIST ST NAME -STREET ADDRESS 155 EAST 21ST STREET STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP JACKSONVVILLE FL 32206 JACKSONVI'lle, FL 32206 TITLE ASEC ☐ Delete TITLE AS (Asst. Secretary) Change 2 Addition Patzke, Wallace A. Tr. WALLACE A PATZKE, JR NAME STREET ADDRESS 155 EAST 21ST STREET STREET ADDRESS 155 Eastt21st Street CITY-ST-ZIP CITY-ST-ZIP Jacksonville fl 3206 Tacksonville, ☐ Celete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

Dewils D. Frick. Secretary IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

904-355-178<u>1</u>