

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90126 014 ***150.00

DOCUMENT # P15552

1. Entity Name
MULE PEN QUARRY CORPORATION



Principal Place of Business
155 E. 21ST STREET (32206)
P.O. BOX 4667
JACKSONVILLE FL 32201-1667

Mailing Address
C/O DENNIS D FRICK
PO BOX 4667
JACKSONVILLE FL 32201
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 33-0250203

Applied For

Not Applicable

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

FRICK, DENNIS D
155 E. 21ST ST.
JACKSONVILLE FL 32206

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 PD ☐ Delete
NAME BAKER, THOMPSON S
STREET ADDRESS 155 E. 21ST STREET
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE VP ☐ Change ☒ Addition
NAME John D. Baker II
STREET ADDRESS 155 E. 21st Street
CITY-ST-ZIP Jacksonville, FL 32206

TITLE VPD ☐ Delete
NAME DONAHOO, PERRY W
STREET ADDRESS 100 LEES MILL ROAD
CITY-ST-ZIP FOREST PARK GA 30297-2425

TITLE VP ☐ Change ☐ Addition
NAME Roland Boney
STREET ADDRESS 155 E. 21st Street
CITY-ST-ZIP Jacksonville, FL 32206

TITLE SD ☐ Delete
NAME FRICK, DENNIS D
STREET ADDRESS 155 E. 21ST STREET
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE T ☐ Delete
NAME MILTON, JOHN
STREET ADDRESS 155 E 21ST ST
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE T/VP ☒ Change ☐ Addition
NAME John D. Milton, Jr.
STREET ADDRESS 155 E. 21st St.
CITY-ST-ZIP Jacksonville, FL 32206

TITLE AS ☐ Delete
NAME WALLACE A PATZKE, JR
STREET ADDRESS 155 EAST 21ST STREET
CITY-ST-ZIP JACKSONVILLE FL 3206

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 22, 2003

904-355-1781

Date

Daytime Phone #

CR2E034 (10/02)