

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000064898

1. Entity Name

MONGOOSE, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90115 046 ***158.75

Principal Place of Business

1528 HWY 17 S
ARCADIA FL 34266

Mailing Address

1528 HWY 17 S
ARCADIA FL 34266-6487

2. Principal Place of Business

4348 SW Hull Avenue

3. Mailing Address

4348 SW Hull Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Arcadia Florida

City & State

Arcadia Florida

4. FEI Number

65-0444169

Applied For

Not Applicable

Zip

34266

Country

USA

Zip

34266

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GASKINS, PATRICIA

1528 HWY 17 S

ARCADIA FL 34266

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4348 SW Hull Ave.

City

Arcadia

FL

Zip Code

34266

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

Patricia M. Gaskins

4/25/00

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 PD ☐ Delete

NAME DANIELS, MICHAEL A

STREET ADDRESS 3347 BROWN RD.

CITY-ST-ZIP ARCADIA FL 33821

TITLE ST ☐ Delete

NAME GASKINS, PATRICIA

STREET ADDRESS 1528 HWY 17 S

CITY-ST-ZIP ARCADIA FL

TITLE VP ☐ Delete

NAME GASKINS, GREGORY B

STREET ADDRESS 121 DOLLY ST

CITY-ST-ZIP PUNTA GORDA FL

TITLE D ☐ Delete

NAME HANCOCK, DANE

STREET ADDRESS 516 BONTAONA AVE

CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition

NAME Patricia M. Gaskins

STREET ADDRESS 121 Dolly Street

CITY-ST-ZIP Punta Gorda, FL 33950

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Patricia M. Gaskins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/00

Daytime Phone #

863-494-1222