

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000065647

1. Entity Name
MUMCO, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90099 019 ***150.00

Principal Place of Business

Mailing Address

92 HANGAR WAY
ORMOND BEACH FL 32174
US

1860 OLD TOMOKA RD. W
ORMOND BEACH FL 32174-6715
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3201764

Applied For
Not Applicable

Zip

Country

Zip

Country

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

TOMLINSON, KATHLEEN M
1860 OLD TOMOKA RD WEST
ORMOND BEACH FL 32174

Name Neal R. Tomlinson

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

1860 Old Tomoka Road West

City Ormond Beach

FL

Zip Code 32174

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

(NOTE: Registered Agent signature required when reinstating)

DATE 2/23/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME TOMLINSON, NEAL R
STREET ADDRESS 1860 OLD TOMOKA RD WE
CITY-ST-ZIP ORMOND BEACH FL ☐ Delete

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

TITLE S
NAME TOMLINSON, KATHLEEN M
STREET ADDRESS 1860 OLD TOMOKA RD W
CITY-ST-ZIP ORMOND BEACH FL ☒ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 2/23/00 DAYTIME PHONE # 904-672-0312

CR2E034 (9/99)