

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000010078

1. Entity Name

Mustang Brands, Inc

FILED

02 JUL -1 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

109 N. Brush St

3. Mailing Address

P.O. Box 2065

Suite, Apt. #, etc.

440

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

69-3313179

Applied For

Not Applicable

Zip

33602

Country

USA

Zip

33601

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Allen Reed Smith, II

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

109 N. Brush Street

Suite 440

City

Tampa, FL 33602

FL

Zip Code
33602

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Allen R. Smith
4225 Azeele St
Tampa, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000006232980--0
-07/05/02--01083--017
*****150.00 *****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP, CFO
Allen Reed Smith, II
8947 Donna Lu Drive
Odessa, FL 33556

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with authority like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 1, 2002

Date

813.361.2169

Daytime Phone #

CR2E034B (12/01)