

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

2000 Uniform  
Business Report



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90028 029 \*\*\*150.00

DOCUMENT # P95000064259

1. Corporation Name

MUSCATO FINANCIAL RESOURCES, INC.

Principal Place of Business

225 S. WESTMONTE DR.  
SUITE 3000  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address

P.O. BOX 3268  
APOPKA FL 32703  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1995

4. FEI Number

59-3329666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

MUSCATO, NICK  
360 FOREST PARK CIR.  
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDC ☐ DELETE

NAME MUSCATO, NICK

STREET ADDRESS 360 FOREST PARK CIRCLE

CITY-ST-ZIP LONGWOOD FL 32779

TITLE VD ☐ DELETE

NAME NEWTON, BRIAN R

STREET ADDRESS 328 NEEDLES TRAIL

CITY-ST-ZIP LONGWOOD FL 32779

TITLE VD ☐ DELETE

NAME MUSCATO, MICHAEL A

STREET ADDRESS 1201 CHICHESTER ST.

CITY-ST-ZIP ORLANDO FL 32803

TITLE ST ☒ DELETE

NAME AHR, KAREN

STREET ADDRESS 9349 DORSET DR.

CITY-ST-ZIP ORLANDO FL 32817

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other information.

SIGNATURE:

BRIAN R. NEWTON

4-28-00

407-774-7800