

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90276 009 ***150.00

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DOCUMENT # P96000023813

1. Entity Name
MUSTANG RANCH USA, INC.

Principal Place of Business 120 HWY 60 EAST PLANT CITY FL 33567	Mailing Address 120 HWY 60 EAST PLANT CITY FL 33567
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 58-2236737	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

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

HARLAN, MELVIN L
201 EAST MC DONALD RD
PLANT CITY FL 33567

Name
 Street Address (P.O. Box Number is Not Acceptable)
210 EAST SR 60
 City **PLANT CITY** FL Zip Code **33567**

8. The above entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DP	HARLAN, MELVIN L	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	201 E MC DONALDO	STREET ADDRESS	210 EAST SR 60
CITY-ST-ZIP	PLANT CITY FL 33567	CITY-ST-ZIP	PLANT CITY, FL 33567
DV	HARLAN, DIANNE N	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	201 E MC DONALDO	STREET ADDRESS	210 EAST SR 60
CITY-ST-ZIP	PLANT CITY FL 33567	CITY-ST-ZIP	PLANT CITY, FL 33567
DST	HOLTER, PATSY	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	120 HWY 60 EAST	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> 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: Patsy Holter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 Apr 01 813-737-1978
Date Daytime Phone #

CR2E034 (10/00)