# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 27, 2003 8:00 am**
**Secretary of State**
01-27-2003 90341 015 ***150.00

DOCUMENT # P97000022431

1. Entity Name
MABILE & BULLARD ENTERPRISES INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| THE DIXIE BUILDING<br>U.S. HWY 90 EAST<br>LAKE CITY FL 32055 | POST OFFICE BOX 1432<br>LAKE CITY FL 32056 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 212 No. Marion Ave | |
| Suite, Apt. #, etc.: Suite 202 | Suite, Apt. #, etc. |
| City & State: Lake City FL | City & State |
| Zip: 32055 Country: USA | Zip Country |

4. FEI Number 59-3431126 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| BULLARD, CHRIS A<br>U.S. HIGHWAY 90 EAST<br>LAKE CITY FL 32055 | Name<br>Street Address (P.O. Box Number is Not Acceptable): 212 N. Marion Ave - Suite 202<br>City: Lake City FL Zip Code: 32055 |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Chris Bullard Vice Pres 1/9/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2003 Fee will be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MABILE, PAUL G<br>ROUTE 17 BOX 545<br>LAKE CITY FL 32024 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>MABILE, RHONDA M<br>ROUTE 17 BOX 545<br>LAKE CITY FL 32024 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>BULLARD, CHRIS A<br>POST OFFICE BOX 1432<br>LAKE CITY FL 32056 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 386 754 6699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #