2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3501 SHARER ROAD

TALLAHASSEE FL 32312

DOCUMENT # P97000031578

1. Entity Name

Principal Place of Business

3501 SHARER ROAD

TALLAHASSEE FL 32312

MOSQUITO CREEK INVESTMENT CORP.



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90321 035 ***150.00

***AATOPP



	ace of Business	3. Mailing Address						
3033	TANAGER TR	3033 TANA	ger TR		,			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			C CHECK HERE	IF MAKING	CHANGES	5
City & State	ASSEE, FL	City & State TA LIAHASSEE	, FC		1. FEI Number 59-3438860			pplied For lot Applicable
Zip :	Country	32303	Country		5. Certificate of Status Desired		\$8.75 Ad	
	> 6. Name and Address of Current	Registered Agent		1	. Name and Address of New F	Registered A	gent	
			Name)				•
GUARISCO	o, peter		<u> </u>					
3350 W L	AKESHORE DR		Street	: Address (P.C). Box Number is Not Acceptable	∍)		
	SSEE FL 32312		<u> </u>					
I ALLANIA								
•			City			FL	Zip Cod	de
8. The above	named entity submits this statement fo	or the purpose of changing it	s registered office	or registered	agent, or both, in the State of Flo	orida Lamif	<u> </u>	and accept
SIGNATURE _	ons of registered agent. Signature, typed or printed name of registered agent.	and litle if applicable. (NO	TE: Registered Agent sign	nature required wh	en reinstating)	DATE		
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	f State			Election Campaign Fir Trust Fund Contribution	~ ~		00 May Be d to Fees
10.	OFFICERS AND		11.			ICERS AND	DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS	D CHAFIN, JOHN F 3501 SHARER ROAD	DIRECTORS Delete	TITLE NAME STREET ADDRESS	WAY	CTOR UE O MAYO RELI RD		DIRECTOF Change	RS IN 11 Addition
TITLE NAME	D CHAFIN, JOHN F		TITLE NAME	WAY	CTOR UE O MAYO RELI RD		☐ Change	
TITLE NAME STREET ADDRESS	D CHAFIN, JOHN F 3501 SHARER ROAD TALLAHASSEE FL 32312 D		TITLE NAME STREET ADDRESS	DIRE WAY 1150 HAVA	CTOR UE O MAYO BELL RD WA, FL 32333			A Addition
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2. 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: 🛩

SIGNATION OF PRINTED NAME (FAIGHING OFFICER OR DIRECTOR

1/31/03

850-567-4011

Daytime Phone #

:R2E034 (10/02)