

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90012 014 ***150.00

0006027

DOCUMENT # P97000093351

1. Entity Name

MISTLEIGH, INC.

Principal Place of Business

**2553 NORTH ATLANTIC #130
 DAYTONA BEACH FL 32118**

Mailing Address

**2553 NORTH ATLANTIC #130
 DAYTONA BEACH FL 32118**

2. Principal Place of Business

555 8th Street Suite I

3. Mailing Address

555 8th Street Suite I

Suite, Apt. #, etc.

I

Suite, Apt. #, etc.

Suite I

City & State

Holly Hill, FL 32117

City & State

Holly Hill, FL 32117

Zip

32118

Country

USA

Zip

32118

Country

USA

4. FEI Number

59-3475395

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HUNTER, GARY
 2553 N. ATLANTIC #130
 DAYTONA BEACH FL 32118**

7. Name and Address of New Registered Agent

**Gary Hunter
 555 8th Street Suite I
 Holly Hill FL 32117**

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) ☐

**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

TITLE	D	<input type="checkbox"/> Delete
NAME	HUNTER, GARY	
STREET ADDRESS	2553 NORTH ATLANTIC #130	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HUNTER Debbie	
STREET ADDRESS	319 Emory Drive	
CITY-ST-ZIP	Daytona Beach, FL 32118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Gary Hunter	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	319 Emory Drive	
STREET ADDRESS	Daytona Beach, FL 32118	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)