

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90066 016 ***550.00

DOCUMENT # P97000095600

1. Entity Name
THE MUSSULMAN COMPANIES, INC.

Principal Place of Business

5324 CENTRAL FLA PKWY
ORLANDO FL 32821

Mailing Address

5324 CENTRAL FLA PKWY
ORLANDO FL 32821

2. Principal Place of Business

8947 CONROY RD
 Suite, Apt. #, etc.

3. Mailing Address

8947 CONROY RD
 Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number 59-3477601

Applied For

Not Applicable

Zip

Country

32835

ORANGE

Zip

Country

32835

ORANGE

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUSSULMAN, SEAN

5372 DEER CREEK DRIVE
ORLANDO FL 32821

7. Name and Address of New Registered Agent

Name

SEAN MUSSULMAN

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

8401 SUNSET DR

City

ORLANDO

FL

Zip Code

32819

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 SEAN MUSSULMAN (PRESIDENT)

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

(NOTE: Registered Agent signature required when first stating)

DATE

9/10/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	MUSSULMAN, SEAN	
STREET ADDRESS	5372 DEER CREEK DR	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUSSULMAN, WAHIDA	
STREET ADDRESS	5372 DEER CREEK DR	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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	<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
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STREET ADDRESS	
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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

SEAN MUSSULMAN (PRESIDENT)

9/10/02

(407) 909-0017

Date

Daytime Phone #

CR2E034 (4/02)