

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 04, 2002 8:00 am
Secretary of State

07-04-2002 90562 047 ***158.75

DOCUMENT # *P98000003056*

1. Entity Name

Musser Poultry Farm INC

DO NOT WRITE IN THIS SPACE

B0127002

2. Principal Place of Business

Florida

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 832

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOMOSASSA

City & State

FL

4. FEI Number

65-0222120

Applied For

Not Applicable

Zip

34487

Country

Zip

34487

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

William Musser

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

11731 Brightwater CT

City

HOMOSASSA

FL

Zip Code

34487

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
*D.P.
William Musser
P.O. Box 832
HOMOSASSA FL 34487*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE *William Musser William Musser*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-02

Date

Daytime Phone #

CR2E034B (12/01)

Attachment
R#P8000003056
B0127002

THIS REPORT WAS FILED IN JAN , I AM STILL LOOKING FOR THE
CANCEL CHECK . PLEASE CHECK TO BE SURE IT HAS NOT BEEN
PAID. IF YOU FIND IT HAS NOT BEEN PAID PLEASE EXCEPT THE
\$158.75 AS PAYMENT.

THANKS

William M. Mue