

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90133 034 ***150.00

DOCUMENT # P98000045243

1. Entity Name
MUTUAL FRIENDS, INC.



Principal Place of Business
**8703 BALLANTRAE WAY
TAMPA FL 33647**

Mailing Address
**8703 BALLANTRAE WAY
TAMPA FL 33647**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3515353**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

Name

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

City

FL

Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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

T ☐ Delete
NAME **ONDERKO, RICHARD A**
STREET ADDRESS **9453 HUNTER'S POND DRIVE**
CITY-ST-ZIP **TAMPA FL 33647**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P ☐ Delete
NAME **KUTASH, WILLIAM**
STREET ADDRESS **9453 HUNTER'S POND DRIVE**
CITY-ST-ZIP **TAMPA FL 33647**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD ☐ Delete
NAME **ONDERKO, MEREDITH D**
STREET ADDRESS **9453 HUNTER'S POND DRIVE**
CITY-ST-ZIP **TAMPA FL 33647**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP ☐ Delete
NAME **O'DEU, JERRY**
STREET ADDRESS **4143 KIRKALOEY DR**
CITY-ST-ZIP **NEW PORT RICHEY FL 34685**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: *Richard A. Onderko* **RICHARD A. ONDERKO** 4/23/03 (813) 907-0735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)