

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107876

1. Entity Name

MUSTANG F/X INC.

Principal Place of Business

5924 FRIENDLY DRIVE
TALLAHASSEE FL 32303
1724 Augustine Place
Tallahassee, FL 32301

Mailing Address

5924 FRIENDLY DRIVE
TALLAHASSEE FL 32303-7915
1724 Augustine Place
Tallahassee, FL 32301

2. Principal Place of Business

1724 Augustine Place

3. Mailing Address

1724 Augustine Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Tallahassee, Florida

Zip

32301

Country

Leon

Zip

32301

Country

Leon

4. FEI Number

59-3556392

Applied For

Not Applicable

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

HAWKINS, DAVID T

5924 FRIENDLY DRIVE
TALLAHASSEE FL 32303

1724 AUGUSTINE PLACE
TALLAHASSEE, FL 32301

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.

SIGNATURE David T. Hawkins (owner) 1-26-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **OWNER** ☐ Delete
NAME **David T. Hawkins**
STREET ADDRESS **1724 Augustine Place**
CITY-ST-ZIP **Tallahassee, Fla. 32301**

TITLE ☐ Change ☐ Addition
NAME **900003156269-8**
STREET ADDRESS **-03/03/00--01054--023**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: DAVID T. HAWKINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-00

Date

(850) 656-9811

Daytime Phone #

CR2E034 (9/99)