

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90429 006 ***150.00

00057894

DOCUMENT # P990000018801

1. Entity Name

MUD SLINGERS, INC.

Principal Place of Business

Mailing Address

2033 PINE RIDGE RD #3
 NAPLES, FL 34109 | SAME

2. Principal Place of Business

3. Mailing Address

2033 PINE RIDGE RD. | SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NAPLES, FL

Zip

Country

Zip

Country

34109

4. FEI Number

59-3558797

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAN M. EDWARDS
 1842 40th TERR SW #8
 NAPLES, FL 34116

Name

JAVIER SAUZA

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

2033 PINE RIDGE RD #3

City
 NAPLES

FL

Zip Code
 34109

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 fee 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	JAVIER SAUZA
STREET ADDRESS		STREET ADDRESS	740 16th AVE NW
CITY-ST-ZIP		CITY-ST-ZIP	NAPLES, FL 34120
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	REINALDO RICARDO
STREET ADDRESS		STREET ADDRESS	1030 39th STREET SW
CITY-ST-ZIP		CITY-ST-ZIP	NAPLES, FL 34117
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	V-PRESIDENTE EZ
STREET ADDRESS		STREET ADDRESS	LEONARDO GUTIERREZ
CITY-ST-ZIP		CITY-ST-ZIP	584 105th AVE NORTH
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	TREASURER
STREET ADDRESS		STREET ADDRESS	FRANCISCO SAUZA
CITY-ST-ZIP		CITY-ST-ZIP	740 16th AVE NW
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Javier Sauza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

- JAVIER SAUZA (SECRETARY) 5/8/00 941-591-3411

CR2E034 (9/99)