

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000018801**

1. Entity Name

**MUDSLINGERS INC.****FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90113 044 \*\*\*150.00

Principal Place of Business

**2033 PINE RIDGE ROAD**  
**3**  
**NAPLES FL 34109**

Mailing Address

**2033 PINE RIDGE ROAD**  
**3**  
**NAPLES FL 34109**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3558797**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SANZA, JAVIER**  
**2033 PINE RIDGE RD # 3**  
**NAPLES FL 34109**

7. Name and Address of New Registered Agent

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

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, 2001 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

TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SAUZA, JAVIER</b>	
STREET ADDRESS	<b>740 16TH AVE NW</b>	
CITY-ST-ZIP	<b>NAPLES FL 34120</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>RICARDO, REINALDO</b>	
STREET ADDRESS	<b>1030 39TH STREET SW</b>	
CITY-ST-ZIP	<b>NAPLES FL 34117</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>GUTIERREZ, LEOBARDO</b>	
STREET ADDRESS	<b>584 105TH AVE N</b>	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SANZA, FRANCISCO</b>	
STREET ADDRESS	<b>740 16TH AVE NW</b>	
CITY-ST-ZIP	<b>NAPLES FL 34120</b>	
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		
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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: *Leo Barbo Gutierrez - VP*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01

Date

941-591-3646

Daytime Phone #

0397806

CR2E034 (10/00)