

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054050

1. Entity Name

MOSQUITO COUNTY COMPANY

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90111 019 ***150.00

Principal Place of Business

Mailing Address

11028 EVAN CT
CLERMONT FL 34711

11028 EVAN CT
CLERMONT FL 34711-8606

2. Principal Place of Business

3. Mailing Address

11028 Evan Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Clermont, FL

Zip

Country

Zip

Country

34711

4. FEI Number

59-3582662

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

PARKS, SEAN M
641 LAUREL LAKE COURT NO 204
ORLANDO FL 32825

Name

Sean M Parks

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

11028 Evan Ct.

City

Clermont

FL

Zip Code

34711

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

Sean M Parks President

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 Vice President
NAME Herschel L Claytor
STREET ADDRESS PO Box 120463
CITY-ST-ZIP Clermont, FL 34712 ☐ Delete

TITLE President
NAME Sean M Parks
STREET ADDRESS 11028 Evan Ct.
CITY-ST-ZIP Clermont, FL 34711 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 920-8494