

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S38357

FILED  
Mar 03, 2002 8:00 AM  
Secretary of State

**Entity Name:** W.R. MAHOOD ASSET MANAGEMENT, INC.

**Current Principal Place of Business:**

14420 PASSAGE WAY  
SEMINOLE, FL 33776 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 17575  
CLEARWATER, FL 33762 US

**New Mailing Address:**

14420 PASSAGE WAY  
SEMINOLE, FL 33776 US

**FEI Number:** 59-3060260

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAHOOD, WILLIAM R.  
14420 PASSAGE WAY  
SEMINOLE, FL 33776

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: MAHOOD, WILLIAM R.,  
Address: 14420 PASSAGE WAY  
City-St-Zip: SEMINOLE, FL 33776

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. MAHOOD

PSD

03/03/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date