

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
 02-28-2001 90016 026 ***150.00

DOCUMENT # V25385

1. Entity Name
MUG CITY, INC.

Principal Place of Business
135 DR MARTIN LUTHER KING JR BLVD
FT MYERS FL 33916
US

Mailing Address
16051 DUBLIN CIR
SUITE A203
FT MYERS FL 33908
US

2. Principal Place of Business

3. Mailing Address

15816 Beachcomber Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Myers, FL

4. FEI Number **65-0362345**

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

33908

USA

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

ROMINE, DONNA D
15477 OMAI CT
FT MYERS FL 33908

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 *Donna D. Romine*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-21-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PD ROMINE, DONNA D.	<input type="checkbox"/> Delete
STREET ADDRESS	21870 NORTH RIVER ROAD	
CITY-ST-ZIP	ALVA FL	
TITLE NAME	TD ROMINE, EDWARD R.	<input type="checkbox"/> Delete
STREET ADDRESS	21870 NORTH RIVER ROAD	
CITY-ST-ZIP	ALVA FL	
TITLE NAME	VD ROMINE, VICKI	<input type="checkbox"/> Delete
STREET ADDRESS	16051 DUBLIN CR. APT. 203A	
CITY-ST-ZIP	FT MYERS FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.

SIGNATURE:

Vicki L. Romine
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-21-01

941-466-1109

CR2E034 (10/00)