

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90108 039 \*\*\*150.00

**C0040362**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P97000022431**

1. Entity Name  
**MABILE & BULLARD ENTERPRISES INCORPORATED**

Principal Place of Business  
**THE DIXIE BUILDING  
 U.S. HWY 90 EAST  
 LAKE CITY FL 32055**

Mailing Address  
**POST OFFICE BOX 1432  
 LAKE CITY FL 32056-1432**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **59-3431126**  
 Applied For   
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BULLARD, CHRIS A  
 U.S. HIGHWAY 90 EAST  
 LAKE CITY FL 32055**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 State **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, 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**

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
OFFICER	<b>PD</b> <b>MABILE, PAUL G</b> <b>ROUTE 17 BOX 545</b> <b>LAKE CITY FL 32024</b>	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	<b>STD</b> <b>MABILE, RHONDA M</b> <b>ROUTE 17 BOX 545</b> <b>LAKE CITY FL 32024</b>	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	<b>VD</b> <b>BULLARD, CHRIS A</b> <b>POST OFFICE BOX 1432</b> <b>LAKE CITY FL 32056</b>	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/99)