

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90413 002 \*\*\*150.00

**DOCUMENT # J99234**

1. Entity Name  
**MGT ASSOCIATES, INC.**



Principal Place of Business  
**1891 CENTER ROAD**  
**P.O. BOX 167**  
**TERRA CEIA FL 34250-167**  
**US**

Mailing Address  
**1891 CENTER ROAD**  
**P.O. BOX 167**  
**TERRA CEIA FL 34250-167**  
**US**

2. Principal Place of Business  
**6800 193 ST. E**  
Suite, Apt. #, etc.

3. Mailing Address  
**6800 193 ST E**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**BRADENTON, FL**  
Zip  
**34211**  
Country  
**USA**

City & State  
**BRADENTON, FL**  
Zip  
**34211**  
Country  
**USA**

4. FEI Number **59-2853755**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**FICO, ANTHONY J**  
**1891 CENTER RD**  
**TERRACEIA FL 34250**

## 7. Name and Address of New Registered Agent

Name **ANTHONY J. FICO**  
Street Address (P.O. Box Number is Not Acceptable)  
**6800 193 ST. E**  
City **BRADENTON** **FL** Zip Code **34211**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Anthony J. Fico** **ANTHONY J. FICO** **4/3/03**  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>FICO, ANTHONY J.</b>	
STREET ADDRESS	<b>3525 WILDERNESS BLVD W</b>	
CITY-ST-ZIP	<b>PARRISH FL 34219</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>FICO, MARY S.</b>	
STREET ADDRESS	<b>3525 WILDERNESS BLVD W</b>	
CITY-ST-ZIP	<b>PARRISH FL 34219</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>6800 193 ST. E</b>	
CITY-ST-ZIP	<b>BRADENTON, FL 34211</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>6800 193 ST. E</b>	
CITY-ST-ZIP	<b>BRADENTON, FL 34211</b>	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED MARY S. FICO** **4/3/03** **941-322-2924**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)