

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90269 029 ***150.00

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DOCUMENT # P97000076187



1. Entity Name
MLOP, INC.

Principal Place of Business
**4315 PABLO OAKS COURT, STE. 1
JACKSONVILLE FL 32224-9667
US**

Mailing Address
**4315 PABLO OAKS COURT, STE. 1
JACKSONVILLE FL 32224-9667
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3466950**
Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**STOKES, E C JR
4315 PABLO OAKS COURT, SUITE 1
JACKSONVILLE FL 32224**

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	STOKES, JR., E. CHESTER	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	
CITY-ST-ZIP	JACKSONVILLE FL 32224-9667	
TITLE	V	<input type="checkbox"/> Delete
NAME	KUNKEL, JOHN C	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	
CITY-ST-ZIP	JACKSONVILLE FL 32224-9667	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRAREN, MICHAEL E	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	
CITY-ST-ZIP	JACKSONVILLE FL 32224-9667	
TITLE	V	<input type="checkbox"/> Delete
NAME	WALLACE, L DENISE	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	
CITY-ST-ZIP	JACKSONVILLE FL 32224-9667	
TITLE	VT	<input type="checkbox"/> Delete
NAME	FREDENHAGEN, SHARON W	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	
CITY-ST-ZIP	JACKSONVILLE FL 32224-9667	
TITLE	S	<input type="checkbox"/> Delete
NAME	HICE, SHERRY	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	
CITY-ST-ZIP	JACKSONVILLE FL 32224-9667	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Sherry Hice* Secretary **4/23/03** **904/482-1100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)