

2001
~~2000~~ **UNIFORM BUSINESS REPORT (UBR)**

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90229 038 ***150.00

DOCUMENT # P98000073316

1. Entity Name
M & R ENTERPRISES OF LAND O' LAKES, INC.

Principal Place of Business Mailing Address

21240 LAKE PATIENCE RD. 21240 LAKE PATIENCE RD.
 LAND O' LAKES FL 34639 LAND O' LAKES FL 34633-3654

660013

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE.

4. FEI Number **59-3547846** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

HARRELL, GORDON MAXWELL
3404 WEST IDLEWILD
TAMPA FL 33614

7. Name and Address of New Registered Agent

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 it: registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NO. 3 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.

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HARRELL, JAMES HARRELL	
STREET ADDRESS	3848 ST. AUGUSTINE PLACE	
CITY - ST - ZIP	LAND O' LAKES FL 34639	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRELL, GORDON MAXWELL	
STREET ADDRESS	3404 WEST IDLEWILD	
CITY - ST - ZIP	TAMPA FL 33614	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that indicated on this report of the corporation changed, or on an

Maxwell Harrell

19.07(3)(i), Florida Statutes. I further certify that the information gal effect as if made under oath; that I am an officer or director a Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/2001 (813) 996-2529