

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90054 020 ***158.75

DOCUMENT # P99000033527

1. Entity Name

MBR ASSET MANAGEMENT CORPORATION

Principal Place of Business 2237 W. NINE MILE ROAD PENSACOLA FL 32534	Mailing Address 2237 W. NINE MILE ROAD PENSACOLA FL 32534-9416
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-3569515** | Applied Fee Not Applicable

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	
MCKEAN, THOMAS E 2237 W. NINE MILE ROAD PENSACOLA FL 32534		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 _____ (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 Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	MCKEAN, THOMAS E	NAME	Mary Catherine Meier
STREET ADDRESS	2237 W. NINE MILE ROAD	STREET ADDRESS	2237 W. Nine Mile Road
CITY-ST-ZIP	PENSACOLA FL 32534	CITY-ST-ZIP	Pensacola, FL 32534
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	BABB, THOMAS C	NAME	Suzanne Ribyn
STREET ADDRESS	2237 W. NINE MILE ROAD	STREET ADDRESS	2237 W. Nine Mile Road
CITY-ST-ZIP	PENSACOLA FL 32534	CITY-ST-ZIP	Pensacola, FL 32534
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	
NAME	RICKS, BENNIE L JR.	NAME	
STREET ADDRESS	PSOT OFFICE BOX 1763 N/A	STREET ADDRESS	
CITY-ST-ZIP	MOULTRIE GA 31776	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas E. McKean 1-5-00 850-494-227
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Thomas E. McKean