

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100382

1. Entity Name
MRAG AMERICAS, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90253 001 ***150.00

Principal Place of Business
5445 MARINER STREET
SUITE 303
TAMPA FL 33609-3437
US

Mailing Address
12908 AIR WAY STREET
PANAMA CITY FL 32404-2833
US

00000100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
(Same)

3. Mailing Address
100 S. Ashley Drive,
Suite, Apt. #, etc.
Suite 1500
City & State
Tampa, Florida

4. FEI Number 65-0735910
Applied For
Not Applicable

Zip 33609-3415 Country
Zip 33601- Hillsborough

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

6. Name and Address of Current Registered Agent
YOUNG, JUDITH C.
12908 AIR WAY STREET
PANAMA CITY FL 32404

7. Name and Address of New Registered Agent
Name Temple H. Drummond / Akerman Senterfitt
Street Address (P.O. Box Number is Not Acceptable)
100 South Ashley Drive
Suite 1500
City Tampa FL Zip Code 33601

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 Temple H. Drummond Temple H. Drummond 4/30/01
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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEDDINGTON, JOHN R		NAME		
STREET ADDRESS	47 PRINCE'S GATE		STREET ADDRESS		
CITY-ST-ZIP	LONDON SW 7 2QA UNITED KINGD		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKES, GRAEME		NAME		
STREET ADDRESS	5445 MARINER STREET, SUITE 303		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609-3437		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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"/> Addition	
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"/> Addition	
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Temple H. Drummond April 30, 2001 813-639-9519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)