## FILED Apr 10, 2002 8:00 am Secretary of State

04-10-2002 90463 027 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

351930

DOCUMENT #
1. Entity Name

M. BILT ENTERPRISES, INC.

Principal Plac	ce of Busines	s	Mailing Address								
1 WELL BILT DRIVE WILLISTON H FL 32696		P.O. BOX 100 WILLISTON H FL 32696									
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4.	FEI Number 59-1367480	)		oplied For	
Zip	·	Country	Zip	Coun	try	5.	Certificate of Status Desired		8.75 Add		
	6. Name	and Address of Current Re	egistered Agent			7.	Name and Address of New F				
					Name						
FUGATE, NORM D.			Street Address			Idress (P.O. I	(P.O. Box Number is Not Acceptable)				
	MAIN ST ST	E 1									
P. O. BOX 98 WILLISTON FL 32696									I		
ANITHOLO	JN FL 32090				City			FL	Zip Code	ė	
8. The above	e named entity	y submits this statement for t	he purpose of changing its	registere	ed office or r	registered ac	gent, or both, in the State of Flo	orida.			
SIGNATURE.	Signature tuned		title if applicable. (NOTE	: Registered	Agent signature	e required when r	reinstating)	DATE	<del></del>	<del></del>	
	alginatule, typeu	or printed name of registered agent and									
			<del> </del>		10 6450 0						
	oration is elig	or printed name of registered agent and ible to satisfy its Intangible and elects to do so.	FILE NOW!				10. Election Campaign Fir			<b>0</b> Мау Ве	
Tax filing	oration is elig	ible to satisfy its Intangible	<del> </del>	2 Fee	will be \$55	50.00	10. Election Campaign Fir Trust Fund Contribution			<b>0</b> May Be I to Fees	
Tax filing	oration is elig	ible to satisfy its Intangible and elects to do so.	FILE NOW! After May 1, 200 Make Check Payab	2 Fee	will be \$55	of State		on.	Added	I to Fees	
Tax filing (See crite.	oration is elig requirement a aria on back)	ible to satisfy its Intangible and elects to do so. OFFICERS AND DI	FILE NOW! After May 1, 200 Make Check Payab	D2 Fee to De 12.	will be \$55 epartment	of State	Trust Fund Contributio	On.   TICERS AND E	Added	I to Fees	
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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:

SUMPLE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02

352-528-5566 Daytime Phone # (2E034 (9/01)