

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90221 002 ***150.00

DOCUMENT # 532810
 1. Entity Name
M B F ENTERPRISES, INCORPORATED

Principal Place of Business % WILLIAM FERTIC, JR. 7911 WILLIAMS ROAD SEFFNER FL 33584	Mailing Address % WILLIAM FERTIC, JR. 7911 WILLIAMS ROAD SEFFNER FL 33584
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902999



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 59-1732978	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FERTIC, WILLIAM JR.
 7911 WILLIAMS ROAD
 SEFFNER FL 33584

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

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FERTIC, WILLIAM JR.	
STREET ADDRESS	7911 WILLIAMS ROAD	
CITY-ST-ZIP	SEFFNER FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FERTIC, MARY A.	
STREET ADDRESS	7911 WILLIAMS ROAD	
CITY-ST-ZIP	SEFFNER FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FERTIC, WILLIAM, III	
STREET ADDRESS	7911 WILLIAMS ROAD	
CITY-ST-ZIP	SEFFNER FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FERTIC, CRAIG	
STREET ADDRESS	7911 WILLIAMS ROAD	
CITY-ST-ZIP	SEFFNER FL	
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 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: _____ Date: **1-15-01** Daytime Phone #: **(813) 621-2747**

CR2E034 (10/00)