FILED

	R PROFIT CORPORA BUSINESS REPORT	
DOCUMENT #  1. Entity Name	532810	



Apr 16, 2003 8:00 am Secretary of State 04-16-2003 90110 011 \*\*\*150.00 M B F ENTERPRISES, INCORPORATED Principal Place of Business Mailing Address -1-% WILLIAM FERTIC. JR. % WILLIAM FERTIC, JR. 7911 WILLIAMS ROAD 7911 WILLIAMS ROAD SEFFNER FL 33584 SEFFNER FL 33584 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1732978 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-Name FERTIC, WILLIAM JR. Street Address (P.O. Box Number is Not Acceptable) 7911 WILLIAMS ROAD SEFFNER FL 33584 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE Addition FERTIC, WILLIAM JR. NAME. NAME STREET ADDRESS 7911 WILLIAMS ROAD STREET ADDRESS SEFFNER FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition FERTIC, MARY A. NAME NAME 7911 WILLIAMS ROAD STREET ADDRESS STREET ADDRESS SEFFNER FL CITY-ST-7IP CITY-ST-ZIP ۷D TITLE Delete TITLE 🔲 Change Addition FERTIC, WILLIAM, III NAME NAME 7911 WILLIAMS ROAD STREET ADDRESS STREET ADDRESS SEFFNER FL CITY-ST-ZIP CITY-ST-ZIP ۷D ☐ Defete Addition TITLE TITLE Change FERTIC, CRAIG NAME NAME 7911 WILLIAMS ROAD STREET ADDRESS STREET ADDRESS SEFFNER FL CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE □☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if

SIGNATURE: