

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 618970

1. Entity Name  
MA-EL, CO.

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90297 010 \*\*\*150.00

Principal Place of Business

9550 S OCEAN DR  
SUITE 1908  
JENSEN BCH FL 34957  
US

Mailing Address

250 S CR 427  
SUITE 116  
LONGWOOD FL 32750-5466  
US

2. Principal Place of Business

716 Lake Charles Circle

3. Mailing Address

585 S. CR 427

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 121

City & State

Port Saint Lucie, FL

City & State

Longwood, FL

Zip

34986-3446

Country

USA

Zip

32750-5462

Country

USA

4. FEI Number

59-2739004

Applied For

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

~~GEORGE HODGES, EA~~  
~~250 CR 427 SOUTH~~  
~~SUITE 116~~  
~~LONGWOOD FL 32750~~

Name

~~George Hodges, EA~~

Street Address (P.O. Box Number is Not Acceptable)

~~585 CR 427 South~~

Suite 121

City  
Longwood

FL

Zip Code  
32750

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

*George Hodges*

4-24-01

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 PSTD  
NAME COOPER, G D ☐ Delete  
STREET ADDRESS 250 S CR 427, SUITE 116  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE PSTD ☒ Change ☐ Addition  
NAME Cooper, GD  
STREET ADDRESS 585 S CR 427, Suite 121  
CITY-ST-ZIP Longwood, FL 32750

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*G. D. Cooper*

GD COOPER

4/27/01

Date

407 830-6773

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)