

2000 UNIFORM BUSINESS REPORT (UBR)

0001466 A

DOCUMENT # **A96000002288**

1. Entity Name
MBP PARTNERSHIP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06

Principal Place of Business
**1128 S. HOPKINS AVENUE
TITUSVILLE FL 32780**

Mailing Address
**1128 S. HOPKINS AVENUE
TITUSVILLE FL 32780-4207**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3482686	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent

**FISCHER, ROBERT M
1128 S. HOPKINS AVENUE
TITUSVILLE FL 32780**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$25,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	FISCHER, ROBERT M	STREET ADDRESS	
NAME	1128 S. HOPKINS AVENUE	CITY - ST - ZIP	800003284498-3
STREET ADDRESS	TITUSVILLE FL 32780		-06/12/00--01028--023
CITY - ST - ZIP			****263.75 ****263.75
DOCUMENT #	FISCHER, C. MITZINE	STREET ADDRESS	
NAME	1128 S. HOPKINS AVENUE	CITY - ST - ZIP	
STREET ADDRESS	TITUSVILLE FL 32780		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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STREET ADDRESS			
CITY - ST - ZIP			

CR2E003 (9/99)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Robert M. Fischer* **SIGNATURE REQUIRED** *4/28/00* **321-269-3311**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #