

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001365**

1. Entity Name

MPG PUBLIX FIDDLESTIX, LTD.

Principal Place of Business

**28050 U.S. HIGHWAY 19 NORTH, SUITE 205
CLEARWATER FL 33761**

Mailing Address

**28050 U.S. HIGHWAY 19 NORTH, SUITE 205
CLEARWATER FL 33761-2627**

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

59-3600079

☒ 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

LOVE, LOUANNE S

**28050 U.S. HIGHWAY 19 NORTH, SUITE 205
CLEARWATER FL 33761**

Name

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

2700 Bayshore Blvd., Unit 528

City

Dunedin

FL

Zip Code

34698

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

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

(NOTE: Registered Agent signature required when reinstating)

4-13-00

DATE

9. Capital Contributions
as Shown on record.

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **P99000069381**
NAME **MPG PUBLIX FIDDLESTIX, INC.**
STREET ADDRESS **28050 U.S. HIGHWAY 19 NORTH, SUITE 205**
CITY - ST - ZIP **CLEARWATER FL 33761**

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-13-00 727-669-7412
Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 17 AM 11:43



DO NOT WRITE IN THIS SPACE