

2001 UNIFORM BUSINESS REPORT (UBR)

0010204 AF

DOCUMENT # **A99000001365**

1. Entity Name

MPG PUBLIX FIDDLESTIX, LTD.

Principal Place of Business

**2627 MCCORMICK DRIVE, SUITE 102
CLEARWATER FL 33759**

Mailing Address

**2627 MCCORMICK DRIVE, SUITE 102
CLEARWATER FL 33759**

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

**LOVE, LOUANNE S
2700 BAYSHORE BLVD., UNIT 528
DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

Name **STACK, JAMES A. ESQ.**
Street Address (P.O. Box Number is Not Acceptable)
**121 N OSCEOLA AVENUE
2ND FLOOR
CLEARWATER FL 33755**

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)

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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS **2627 MCCORMICK DRIVE, SUITE 102**
CITY-ST-ZIP **CLEARWATER, FL 33759**

DOCUMENT #

NAME

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CITY-ST-ZIP

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CITY-ST-ZIP

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

Date

Daytime Phone #

727-669-7412

FILED
01 APR 27 PM 6:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)