

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001429

1. Entity Name
MLDZ ENTERPRISES, LTD.



FILED

03 MAR 14 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3515 SE 17TH ST., SUITE 100
OCALA FL 34471

Mailing Address
3515 SE 17TH ST., SUITE 100
OCALA FL 34471

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 59-3597468

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

GREGORY S. FLANIGAN, P.A.
230 N.E. 25TH AVE., STE-200
OCALA FL 34470

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record. \$10,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 #
NAME MORGAN, GLEN A
STREET ADDRESS 2555 SE 28TH ST
CITY-ST-ZIP Ocala FL 34471

STREET ADDRESS

CITY-ST-ZIP

000013286240
03/03/03--01004--022 **150.00

DOCUMENT #
NAME LIEBELT, DONALD
STREET ADDRESS 4328 SE 26TH TERR RD
CITY-ST-ZIP Ocala FL 34480

STREET ADDRESS

CITY-ST-ZIP

000013286240
03/14/03--01078--024 **8.75

DOCUMENT #
NAME DUPERE, DAVID P
STREET ADDRESS 193 HICKORY RD
CITY-ST-ZIP Ocala FL 34472

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

M THOMAS

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: Donald Liebelt 2/26/03 (352) 732-9922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)