

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000005001**

1. Entity Name

MRC ENTERPRISES OF DELRAY BEACH, INC.

Principal Place of Business

101 N. JAY STREET
P.O. BOX 1000
MIDDLEBURG VA 20118

Mailing Address

101 N. JAY STREET
P.O. BOX 1000
MIDDLEBURG VA 20118

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 **54-1704632**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ARONSON, CAROLE ESQ.
102 NORTH SWINTON AVE.
DELRAY BEACH FL 33444**

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

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	CRANE, MICHAEL R	
STREET ADDRESS	6544 OLD GOOSE CREEK ROAD	
CITY-ST-ZIP	MIDDLEBURG VA 20117	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	CRANE, CHERYL L	
STREET ADDRESS	6544 OLD GOOSE CREEK ROAD	
CITY-ST-ZIP	MIDDLEBURG VA 20117	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAHLGREN, J. MATTHEW	
STREET ADDRESS	3501 N. JANSSEN, APT. 2	
CITY-ST-ZIP	CHICAGO IL 60657	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 to this report, with all other information answered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael R. Crane

Date

1-9-01

Daytime Phone #

540-687-8884

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90002 011 ***150.00

800990

DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)