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2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State
06-09-2000 90004 014 ***150.00

DOCUMENT # F03154

1. Entity Name
MVR Inc F03154

Principal Place of Business
6770 E. Stage Coach Tr.
Floral City Fl 34436

Mailing Address
P.O. Box 1124
Floral City Fl
34436

309044

2. Principal Place of Business	3. Mailing Address
6770 E. Stage Coach Tr	P.O. Box 1124
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Floral City Fl	City & State: Floral City Fl
Zip: 34436 Country: Citrus	Zip: 34436 Country: Citrus

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2048132 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Marjorie V. Rooks Pres, V.P., Sec, Tres
~~P.O. Box 1124~~ 6770 E Stage Coach Tr
Floral City Fl 34436

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] Pres V.P. Sec, Tres 04/28/00
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, 2000 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	Pres, V.P., Sec, Tres ☐ Delete
NAME	Marjorie V. Rooks
STREET ADDRESS	6770 E. Stage Coach Tr
CITY-ST-ZIP	Floral City Fl 34436
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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 with an address, with all other like empowered.

SIGNATURE: [signature] Pres, V.P., Sec, Tres 04/28/00 352-637-1241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #