## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

US

7724 SCHOONER CT

PARKLAND FL 33067

## DOCUMENT # F90190

1. Entity Name

Principal Place of Business

7724 SCHOONER CT

PARKLAND FL 33067

M & B SERVICES COMPANY



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90530 018 \*\*\*150.00

COUCUUS

2. Principal F	Place of Busin	ness	3. Mailing	3. Mailing Address				-			
Suite, Apt.	. #, etc.		Suite, A	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Stat	te		City & S	City & State			4.	4. FEI Number 59-2207717 Appliec For Not Applicate			
Zip	Country Zip				Country			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					
المراجع						Name					
BOCHAK, JOHN						Chart Address (BO. Boy Murch ex in Not Appartiable)					
7724 SCHOONER CT						Street Address (P.O. Box Number is Not Acceptable)					
	D FL 33067							- 11-,4			
PARNUAINI	D LF 22001								,		
						City		FL	Zip Cod	de	
R The above	named entit	v submits this statem	ent for the ournose	of changing its r	enister	L ed office or regis	tered an	ent, or both, in the State of Florida. 1 am far	niliar with	and accept	
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SIGNATURE .	0:				Da =2-4-	d A	damed a decree	einstating) DATE		<del></del>	
<u> </u>	Signature, typed	or printed name of registered	agent and title if applicab	le. (NOTE:	Hegistere	d Agent signature requ	red when re	einstating) DATE			
Afte	r May 1, 20	!! FEE IS \$150.00 03 Fee will be \$55 o Florida Departme	0.00					9. Election Campaign Financing Trust Fund Contribution.		<b>00</b> May Be d to Fees	
10.	<del></del>	OFFICERS	AND DIRECTORS		11.		ΔΓ	L DDITIONS/CHANGES TO OFFICERS AND D	IRECTOR	RS IN 11	
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12. I hereby of	certify that the	e information supplier	d with this filing doe	es not qualify for	the exe	mption stated in	Section	119.07(3)(i), Florida Statutes. I further certif	y that the	information	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-15-03

*954746485* 

Daytime Phone #