2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 12, 2000 8:00 am **DOCUMENT # H84747 Secretary of State** M.B.R. AND ASSOCIATES, INC. 01-12-2000 90041 039 ***150.00 Principal Place of Business Mailing Address 16135 ARMISTEAD LANE 16135 ARMISTEAD LANE ODESSA FL 33556-3304 ODESSA FL 33556 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2651166 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COUREY, MICHAEL H. Street Address (P.O. Box Number is Not Acceptable) 16135 ARMISTEAD LANE ODESSA FL 33556 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11 ☐ Addition ☐ Change ☐ Delete TITLE TITLE CACCIATORE, BECKY M. NAME STREET ADDRESS STREET ADDRESS 603 N WOODLYNNE AVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Change D ☐ Delete Addition TITLE CACCIATORE, RICHARD A. NAME NAME STREET ADDRESS 603 N WOODLYNNE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL PD - - -~~ Change Addition ☐ Delete TITLE TITLE COUREY, MICHAEL NAME NAME STREET ADDRESS 16135 ARMISTEAD LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ODESSA FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: William Place Michael H. COUREY /- 3-200 8/3 9202088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

changed, or on an attachment with an address, with all other like empowered.

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