

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H87590

1. Entity Name

MTSB ASSOCIATES, INC.

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90186 050 \*\*\*150.00

0509796

Principal Place of Business

1851 DONNA RD  
BLDG 5 BAY 232  
WEST PALM BEACH FL 33409  
US

Mailing Address

P O BOX 11138  
RIVERIA BCH FL 33404  
US

00035501



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2628602

Applied For

Not Applicable

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

MILDRED ADAMS

~~3695 WHITEHALL DR~~

~~BLDG 1 #803~~

WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

3500 WHITEHALL DR

BLDG 10 APT 203

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!!! FEES \$150.00**  
**After MAY 1, 2001 Fee will be \$350.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME ADAMS, RICHARD L SR.,  
STREET ADDRESS ~~3695 WHITEHALL DR BLDG 1 #803~~  
CITY-ST-ZIP W PALM BEACH FL 33401

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS ~~3695 WHITEHALL DR~~  
CITY-ST-ZIP ~~W PALM BEACH FL 33401~~ → 3500 WHITEHALL DR  
BLDG 10 APT 203

TITLE DP ☐ Delete  
NAME ADAMS, CHARLES C.  
STREET ADDRESS 15816 84TH AVE N  
CITY-ST-ZIP PALM BCH GDNS FL 33418

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

TITLE DTS ☐ Delete  
NAME ADAMS, VICKI  
STREET ADDRESS 15816 84TH AVE NORTH  
CITY-ST-ZIP PALM BCH GDNS FL 33418

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2001  
Date

561-684-3248  
Daytime Phone #

CR2E034 (10/00)