2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (I

1. Entity Name

*MLB DEVELOPMENT CORPORATION

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FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90021 045 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRGS. FL TITLE VTD GOODMAN, MICHAEL A 860 SR 434 N STE 7 ALTAMONTE SPRGS. FL TITLE VTD GOODMAN, MICHAEL A 860 SR 434 N STE 7 CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE PD GOODMAN, LAUREN B STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME GOODMAN, LAUREN B STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VSD GOLD, SCOTT H SAME SOR 434 N STE 7 ALTAMONTE SPRINGS FL 32714 TITLE VSD GOLD, SCOTT H SAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP												
Suite, Apt. F. etc. City & State City & City & State City &	860 SR 434 N STE 7 ALTAMONTE :	l		860 S STE ALTA	SR 434 N 7	32714						
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Zip Country Zip Country 5, Country 5, Certificate of Status Desired 58.75 Additional Fee Peoples of Country 5, Name and Address of New Registered Agent 7, Name 860 SR 434 N STE 7 ALTAMONTE SPRINGS FL 32714 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of register agent	Suite, Apt.	#, etc.	Suit	e, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent OCODMAN, LAUREN B 880 SR 434 N STE 7 ALTAMONTE SPRINGS FL 32714 City FL Zp Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept may 1, 2005 Fee will be \$550.00 After May 1, 2005 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE 10. OFFICERS AND DIRECTORS IN MAKE 400 SR 434 N STE 7 OCTY-ST-2P ALTAMONTE SPRINGS FL 32714 Delete 10. OFFICERS AND DIRECTORS IN STEET 10. OFFICERS AND DIRECTORS IN MAKE 400 DIRECTORS IN STEET 10. OFFICERS AND DIRECTORS IN MAKE 400 DIRECTORS IN STEET 400 DELETE MAKE	City & State	e		City & State				4. 1	E0_000E017			
GOODMAN, LAUREN B 880 SR 434 N STE 7 ALTAMONTE SPRINGS FL 32714 City FL Zp Code B. 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. I am families with, and accept the colligations of registered agent. SIGNATURE SIGNATURE Signatur, lyted or pinted name of registered spent and the Kept Loade. (MOTE Registered Agent segress request when relateding) After May 1, 2003 Fee will be \$55,00 May Be After	Zip		Country	Zip		Count	у	5. (Certificate of Status Desired			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City		6. Name	and Address of Current	Register	ed Agent			7. 1	Name and Address of New Regi	stered A	gent	
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. City FL Zip Code	860 SR 4	34 N STE 7	•			-		ess (P.O. B	ox Number is Not Acceptable)			,
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.				r the purp	pose of changing its r	egistere	d office or reg	gistered ag	ent, or both, in the State of Florida	a. I am fa	miliar with,	and accept
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if app	olicable. (NOTE:	Registered	Agent signature re	equired when re	einstating)	DATE		
TO. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TD GOODMAN, MICHEAL A STREET ADDRESS CITY-ST-ZIP TITLE VTD GOODMAN, MICHAEL A STREET ADDRESS TREET ADDRESS TR	Afte	r May 1, 20	3 Fee will be \$550.00	State								
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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:

MATURE ALLEGUES

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03

407-788-6555

Daytime Phone #