

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90039 016 ***150.00

DOCUMENT # J16095

1. Entity Name
MLF CORPORATION

Principal Place of Business
% MASON L. FLINT
1605 BROOKSIDE CIRCLE EAST
JACKSONVILLE FL 32207

Mailing Address
% MASON L. FLINT
1605 BROOKSIDE CIRCLE EAST
JACKSONVILLE FL 32207



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5051 ATLANTIC BLVD
Suite, Apt. #, etc.

3. Mailing Address
5051 ATLANTIC BLVD
Suite, Apt. #, etc.

City & State
JACKSONVILLE FL
Zip
32207
Country
USA

City & State
JACKSONVILLE, FL
Zip
32207
Country
USA

4. FEI Number **59-2680123**
Applied For
☐ Not Applicable

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

FLINT, MASON L
1605 BROOKSIDE CIRCLE EAST
JACKSONVILLE FL 32207

Name
FLINT, MASON L.
Street Address (P.O. Box Number is Not Acceptable)
5051 ATLANTIC BLVD
City
JACKSONVILLE FL Zip
32207

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 **MASON L. FLINT** **4/9/2001**
(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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|-----------------|-----------------------------|-----------------|--------------------------|
| P | FLINT, MASON L | 1605 BROOKSIDE CIR. E. | JACKSONVILLE FL | <input type="checkbox"/> |
| ST | FLINT, KARIN E. | 1605 BROOKSIDE CIR. E. | JACKSONVILLE FL | <input type="checkbox"/> |
| VP | FLINT, DERIK M | 1605 BROOKSIDE CIR E | JACKSONVILLE FL | <input type="checkbox"/> |
| VP | FLINT, MARIN D | 5201 ATLANTIC BLVD, UNIT 43 | JACKSONVILLE FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|-----------------|--------------------|------------------------|-------------------------------------|--------------------------|
| P | FLINT, MASON L | 5051 ATLANTIC BLVD | JACKSONVILLE, FL 32207 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ST | FLINT, KARIN E. | 5051 ATLANTIC BLVD | JACKSONVILLE, FL 32207 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| VP | FLINT, DERIK M. | 5051 ATLANTIC BLVD | JACKSONVILLE, FL 32207 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| VP | FLINT, MARIN D. | 5051 ATLANTIC BLVD | JACKSONVILLE, FL 32207 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: **MASON L. FLINT PRES** **4/9/2001** **904-396-2681**
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #

CR2E034 (10/00)