

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K56272

1. Entity Name

MVB & ASSOCIATES, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90115 010 ***150.00

Principal Place of Business

Mailing Address

775 KIRKMAN RD.
#110
ORLANDO FL 32811
US

775 KIRKMAN RD.
#110
ORLANDO FL 32808-8201
US

2. Principal Place of Business

3. Mailing Address

6005 SILVER STAR
Suite, Apt. #, etc.

6005 SILVER STAR RD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-2935218

Applied For

Not Applicable

Zip

Country

32808

USA

Zip

Country

32808

USA

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

SIMEONE, CARMEN R
775 KIRKMAN RD.
#110
ORLANDO FL 32811

Name

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

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!!! FEE IS \$150.00
After MAY 1, 2000 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 PTD
NAME BORCHERT, MICHAEL L.
STREET ADDRESS 775 KIRKMAN RD.
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

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

TITLE VPSD
NAME SIMEONE, CARMEN R.
STREET ADDRESS 775 KIRKMAN RD.
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

CR2E034 (9/99)