

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 APR 26 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000000209

1. Entity Name  
MBE LLC

Principal Place of Business  
1710 CHALLEN AVENUE  
JACKSONVILLE FL 32205

Mailing Address  
1710 CHALLEN AVENUE  
JACKSONVILLE FL 32205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3622761

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCLARY, GLEN ESQ.  
231 E. ADAMS STREET  
JACKSONVILLE FL 32202

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR  
STREET ADDRESS MORCY, GARY  
CITY-ST-ZIP 112 BUCK ISLAND CT.  
PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE NAME Gary Morcy ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MGR  
STREET ADDRESS BROWN, CHRIS  
CITY-ST-ZIP 44 LAKE JULIA DRIVE SOUTH  
PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE NAME Chris Brown ☒ Change ☐ Addition  
STREET ADDRESS PMB 451  
CITY-ST-ZIP 2467 Michelson Dr. Suite G.  
Irvine Ca. 92612

TITLE NAME MGR  
STREET ADDRESS ECKLES, MARK  
CITY-ST-ZIP 8653 SAN SEVERA DRIVE WEST  
JACKSONVILLE FL 32217 ☐ Delete

TITLE NAME Mark Eckles ☒ Change ☐ Addition  
STREET ADDRESS 2772 Riverside Ave  
CITY-ST-ZIP Jacksonville FL 32205

TITLE NAME MGR  
STREET ADDRESS MCCLARY, GLEN  
CITY-ST-ZIP 1710 CHALLEN AVENUE  
JACKSONVILLE FL 32205 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 200004192062--8  
CITY-ST-ZIP -05/10/01--01004--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE MCCLARY 4-17-01 904-353-6241  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0002651 AF

CR2E083 (11/00)