

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90405 023 ****50.00

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**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

TITLE NAME ☐ Delete
MGR BROWN, CHRIS
 STREET ADDRESS **PMB 451, 2967 MICHELSON DR., STE. G**
 CITY-ST-ZIP **IRVINE CA 92612**

TITLE NAME ☒ Change ☐ Addition
 STREET ADDRESS **10 Fromentary**
 CITY-ST-ZIP **Dove Canyon, CA 92679**

TITLE NAME ☐ Delete
MGR ECKLES, MARK
 STREET ADDRESS **2772 RIVERSIDE AVE.**
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE NAME ☒ Change ☐ Addition
 STREET ADDRESS **Eckels, Mark**
 CITY-ST-ZIP

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5-12-02 904.353.6241

CR2E083 (9/01)