

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

05-14-2003 90027 001 \*\*\*\*50.00

0004374

**DOCUMENT # L00000001728**

1. Entity Name

**MPR ENTERPRISES, LLC**



Principal Place of Business

**1553 WINTER SPRINGS BLVD  
WINTER SPRINGS FL 32708**

Mailing Address

**1553 WINTER SPRINGS BLVD  
WINTER SPRINGS FL 32708**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3631273**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HIGHTOWER, DAVID E  
3 WEST GARDEN ST., STE. 700  
BLOUNT BLDG.  
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>RIDDICK, PATRICIA M</b>	
STREET ADDRESS	<b>1553 WINTER SPRINGS BLVD</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>RIDDICK, MAX F</b>	
STREET ADDRESS	<b>1553 WINTER SPRINGS BLVD</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:**

*Patricia M. Riddick*

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

**2/20/03**

Date

**407 359 4999**

Daytime Phone #

CR2E083 (10/02)