

5/13.

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 05, 2002 8:00 am
Secretary of State

05-13-2002 90202 050 ****50.00

DOCUMENT # L010000050521. Entity Name
MPD, LLCPrincipal Place of Business
**12645 RACE TRACK ROAD
TAMPA FL 33626**Mailing Address
**12645 RACE TRACK ROAD
TAMPA FL 33626**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 1175
Suite, Apt. #, etc.

City & State

Oldsmar, FL

Zip

Country

Zip

Country

34677

4. FEI Number

59-3711806

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WARD, R. CARLTON ESQ.
1253 PARK STREET
CLEARWATER FL 33755**

7. Name and Address of New Registered Agent

Name **Mears Randy**Street Address (P.O. Box Number is Not Acceptable)
12645 Race Track RdCity **Tampa****FL**

Zip Code

33626

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

Randy Mears - R.M.

(NOTE: Registered Agent signature required when reinstating)

4/23/02
DATE**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **MEARS, RANDY**
STREET ADDRESS **12645 RACE TRACK ROAD**
CITY-ST-ZIP **TAMPA FL 33626**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
Randy Mears - R.M.**4/23/02**
Date**813 854-4486**
Daytime Phone #

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

CR2E083 (9/01)