

5/13.

FILED
Jun 05, 2002 8:00 am
Secretary of State

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

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000005052

1. Entity Name
MPD, LLC

Principal Place of Business
**12845 RACE TRACK ROAD
TAMPA FL 33626**

Mailing Address
**12845 RACE TRACK ROAD
TAMPA FL 33626**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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

City & State

City & State
Oldsmar, FL

4. FEI Number
59-3711806

Applied For
 Not Applicable

Zip Country

Zip Country
34677

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

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

Name **Mears Randy**
Street Address (P.O. Box Number is Not Acceptable)
12845 Race Track Rd
City **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 - Pres. M.M.* DATE *4/23/02*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 Delete
NAME **MGR**
STREET ADDRESS **MEARS, RANDY**
CITY-ST-ZIP **12845 RACE TRACK ROAD**
TAMPA FL 33626

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE 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: *Randy Mears M.M.* DATE *4/23/02* DAYTIME PHONE # *813 851-4486*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (9/01)