

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90154 021 ***150.00

DOCUMENT # **L53546**

1. Entity Name
M. P. S. MANAGEMENT, INC.



Principal Place of Business
150 OCEAN LANE DRIVE
UNIT 1-A
KEY BISCAVNE FL 33149
US

Mailing Address
150 OCEAN LANE DRIVE
UNIT 1-A
KEY BISCAVNE FL 33149
US



2. Principal Place of Business
25730 HICKORY BLVD

3. Mailing Address
25730 HICKORY BLVD

Suite, Apt. #, etc.
126C

Suite, Apt. #, etc.
APT 126C

City & State
BONITA SPRINGS, FLORIDA

City & State
BONITA SPRINGS, FL

Zip
34134

Country
USA

Zip
34134

Country
USA

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHAEL SCHOBEL
150 OCEAN LANE DRIVE
UNIT 1-A
KEY BISCAVNE FL 33149

Name
Street Address (P.O. Box Number is Not Acceptable)
25730 HICKORY BLVD - APT 126C
City **BONITA SPRINGS** FL Zip Code **34134**

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 *Michael P. Schobel* **MICHAEL P. SCHOBEL** 4/8/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHOBEL, JANET 150 OCEAN LANE DRIVE KEY BISCAVNE FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SCHOBEL, MICHAEL 150 OCEAN LANE DRIVE KEY BISCAVNE FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 25730 HICKORY BLVD - APT 126C BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 25730 HICKORY BLVD - APT 126C BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael P. Schobel* **MICHAEL P. SCHOBEL** 4/8/03 239-495-9611
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)