

2001 UNIFORM BUSINESS REPORT (UBR)

UN03/14 AT

DOCUMENT # L98000003073

1. Entity Name
MB GROUP OF WEST FLORIDA, L.C.

FILED

01 APR -9 AM 7:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 4400 BAYOU BOULEVARD, UNIT #26B
 PENSACOLA FL 32503

Mailing Address
 4400 BAYOU BOULEVARD, UNIT #26B
 PENSACOLA FL 32503



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3545443** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 MCGUIRE, GERALD W
 4400 BAYOU BLVD., UNIT 26-B
 PENSACOLA FL 32503

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
NAME MCGUIRE, GERALD
STREET ADDRESS 4400 BAYOU BOULEVARD, UNIT #26B
CITY-ST-ZIP PENSACOLA FL 32503

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM Delete
NAME BISHOP, GARY S
STREET ADDRESS 4400 BAYOU BOULEVARD, UNIT #26B
CITY-ST-ZIP PENSACOLA FL 32503

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200004009592
 -04/16/01--01020--012
 *****50.00 *****50.00

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
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CITY-ST-ZIP

Change Addition
TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
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: *Gerald W. McGuire* **3/31/01** **850-479-4157**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)