

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002042			
1. Entity Name 3MP, L.L.C.			
Principal Place of Business 188 NORTH LAKE DRIVE NAPLES FL 34103		Mailing Address 188 NORTH LAKE DRIVE NAPLES FL 34102-5555	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
00 FEB -4 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
STRONG, MARK 188 NORTH LAKE DRIVE NAPLES FL 34103				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			

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	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	STRONG, MARK			NAME			
STREET ADDRESS	188 NORTH LAKE DRIVE			STREET ADDRESS			
CITY- ST- ZIP	NAPLES FL 34103			CITY- ST- ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	WOLLINS, DAVID			NAME			
STREET ADDRESS	188 NORTH LAKE DRIVE			STREET ADDRESS			
CITY- ST- ZIP	NAPLES FL 34103			CITY- ST- ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	PRIEST, MADISON			NAME			
STREET ADDRESS	188 NORTH LAKE DRIVE			STREET ADDRESS			
CITY- ST- ZIP	NAPLES FL 34103			CITY- ST- ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	PRIEST, LINDA			NAME			
STREET ADDRESS	188 NORTH LAKE DRIVE			STREET ADDRESS			
CITY- ST- ZIP	NAPLES FL 34103			CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

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*****50.00 *****50.00

[Handwritten Signature]

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: *[Handwritten Signature]* 1/31/00 1-941-403-3529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #