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FAX NO. 941 262 7343

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Sharon Ference - UBRcr2e088.pdf

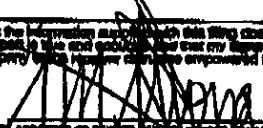
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 199000002029 1. Entity Name 3MP, L.L.C.																																			
Principal Place of Business 255 COCOHATCHER DRIVE NAPLES, FL 34110		Mailing Address SAME																																	
C. Principal Place of Business		d. Mailing Address																																	
State, Apt. #, etc.		State, Apt. #, etc.																																	
City & State		City & State																																	
Zip	Country	Zip	Country																																
4. FID Number		☒ Applied For ☐ Not Applicable																																	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required																																	
6. Name and Address of Current Registered Agent STRONG, MARK 255 COCOHATCHER DRIVE NAPLES, FL 34110		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 the statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.																																			
SIGNATURE _____ Signature, valid to 10/01/02 if registered agent and not a corporation. State Registered Agent Signature Required for Corporations.																																			
<table border="1"> <thead> <tr> <th colspan="2">CURRENT REGISTERED AGENTS</th> <th colspan="2">ADDITIONAL AGENTS</th> </tr> </thead> <tbody> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>☐ Change ☐ Add/Remove</td> </tr> <tr> <td>MGRM STRONG, MARK</td> <td></td> <td>255 COCOHATCHER DRIVE, 34110</td> <td></td> </tr> <tr> <td>MGRM WOLLINS, DAVID</td> <td></td> <td>255 COCOHATCHER DRIVE, 34110</td> <td></td> </tr> <tr> <td>MGRM PRIEST, MADISON</td> <td></td> <td>255 COCOHATCHER DRIVE, 34110</td> <td></td> </tr> <tr> <td>MGRM PRIEST, LINDA</td> <td></td> <td>255 COCOHATCHER DRIVE, 34110</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				CURRENT REGISTERED AGENTS		ADDITIONAL AGENTS		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add/Remove	MGRM STRONG, MARK		255 COCOHATCHER DRIVE, 34110		MGRM WOLLINS, DAVID		255 COCOHATCHER DRIVE, 34110		MGRM PRIEST, MADISON		255 COCOHATCHER DRIVE, 34110		MGRM PRIEST, LINDA		255 COCOHATCHER DRIVE, 34110									
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11. I hereby certify that the information furnished on this form is true and correct for the corporation stated in Section 11(6)(F)(2), Florida Statutes. I further certify that the information indicated on this report is true and correct 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 sole proprietor and am empowered to execute this report as required by Chapter 689, Florida Statutes.																																			
SIGNATURE: 		1-941-284-0598 9/28/01																																	

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