2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005427

1. Entity Name

MCO ENTERPRISES, L.C.

Principal Place of Business	Mailing Address
C/O JEAN E. WILSON 201 SOUTH ORANGE AVENUE, SUITE 1060 ORLANDO FL 32801	C/O JEAN E. WILSON 201 SOUTH ORANGE AVENUE, SUITE 1060 ORLANDO FL 32801-3487

2. Principal Place of Business	**3.** Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 59-362-2483

Applied For ☐
Not Applicable ☐

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
WILSON, JEAN E ESQUIRE 201 SOUTH ORANGE AVENUE, SUITE 1060 ORLANDO FL 32801	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 ____

Signature, typed or printed name of registered agent and title if applicable. (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	TITLE		☐ Change ☐ Addition
NAME	NABBIE, TYRONE		NAME		
STREET ADDRESS	7862 CANYON LAKE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32835		CITY-ST-ZIP		

TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WILSON, JEAN E		NAME		
STREET ADDRESS	201 SOUTH ORANGE AVENUE, SUITE 1060		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		CITY-ST-ZIP		

TITLE		☐ Delete	TITLE	600003269616 ☐ Change ☐ Addition	
NAME			NAME	-05/30/00--01010--010	
STREET ADDRESS			STREET ADDRESS	*****50.00 *****50.00	
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: SIGNATURE REQUIRED   4-24-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #

CR2E083 (9/99)