

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90071 033 ****50.00

DOCUMENT # L99000005427

1. Entity Name

MCO ENTERPRISES, L.C.

Principal Place of Business

**9029A AIRPORT BLVD
 ORLANDO FL 32827**

Mailing Address

**450 SOUTH ORANGE AVENUE, SUITE 510
 ORLANDO FL 32801**

937367

2. Principal Place of Business

450 South Orange Ave.

**Suite, Apt. #, etc.
 Suite 510**

**City & State
 Orlando, Florida**

**Zip
 32801**

**Country
 USA**

3. Mailing Address

450 South Orange Ave.

**Suite, Apt. #, etc.
 Suite 510**

**City & State
 Orlando, Florida**

**Zip
 32801**

**Country
 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3622483**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WILSON, JEAN E ESQUIRE
 450 SOUTH ORANGE AVENUE, SUITE 510
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

**Name Jean E. Wilson
 Street Address (P.O. Box Number is Not Acceptable)
 450 South Orange Ave
 Suite 510
 City Orlando FL Zip Code 32801**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NABBIE, TYRONE 7862 CANYON LAKE CIRCLE ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, JEAN E 8962 GREY HAWK POINT ORLANDO FL 32836	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAALI, JESSIE I 6454 INTERNATIONAL DRIVE ORLANDO FL 32819	<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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

REQUIRED 3-25-02

(407) 426-7595

CR2E083 (9/01)