

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90943 006 ****50.00

DOCUMENT # L99000006410

1. Entity Name

MAYFORD, LLC

Principal Place of Business

**5448 HOFFNER AVENUE
 SUITE 303
 ORLANDO FL 32812**

Mailing Address

**5448 HOFFNER AVENUE
 SUITE 303
 ORLANDO FL 32812**

2. Principal Place of Business

5448 HOFFNER AVE

Suite, Apt. #, etc.

STE 304

City & State

ORLANDO FL

Zip

32812

Country

USA

3. Mailing Address

5448 HOFFNER AVE

Suite, Apt. #, etc.

STE 304

City & State

ORLANDO FL

Zip

32812

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3605425

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**M.A. JOINT VENTURE
 5448 HOFFNER AVENUE
 SUITE 303
 ORLANDO FL 32812**

7. Name and Address of New Registered Agent

Name

M.A. JOINT VENTURE

Street Address (P.O. Box Number is Not Acceptable)

5448 HOFFNER AVE,

STE 304

City

ORLANDO

FL

Zip Code

32812

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3.23.02

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

| | | |
|----------------|--------------------------------------|---------------------------------|
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | M.A. JOINT VENTURE | |
| STREET ADDRESS | 5448 HOFFNER AVENUE SUITE 303 | |
| CITY-ST-ZIP | ORLANDO FL 32812 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | THE JAMES FORD TRUST | |
| STREET ADDRESS | 9452 THURLOE PLACE | |
| CITY-ST-ZIP | ORLANDO FL 32827 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | | |
|----------------|----------------------------------|--|
| TITLE | MGRM | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MA JOINT VENTURE | |
| STREET ADDRESS | 5448 HOFFNER AVE, STE 304 | |
| CITY-ST-ZIP | ORLANDO FL 32812 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

[Signature]

[Signature]

3.23.02 407 306 6286

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

Date

Daytime Phone #

CR2E083 (9/01)