

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001059

1. Entity Name

MPV ENT. LLC

FILED

00 JAN 26 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5125 NORTH SECOND STREET
ST. LOUIS MO 63147

Mailing Address

5125 NORTH SECOND STREET
ST. LOUIS MO 63147-3121

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

43-1831448

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 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

TITLE MGR ☐ Delete
NAME REED, WILLIAM F
STREET ADDRESS 5125 NORTH SECOND STREET
CITY-ST-ZIP ST. LOUIS MO 63147

TITLE MGR ☐ Delete
NAME SHEETS, PAUL J
STREET ADDRESS 1404 FAYETTE STREET
CITY-ST-ZIP WASHINGTON IL 61571-1122

TITLE MGR ☐ Delete
NAME SHEETS, ANDREW P
STREET ADDRESS 321 NORTH KICKAPOO TERRACE
CITY-ST-ZIP PEORIA IL 61604

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10.

ADDITIONS/CHANGES

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

TITLE ☐ Change ☐
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CITY-ST-ZIP

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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 OR MANAGER

William F. Reed **REQUIRED** William F. Reed

Date

Daytime Phone #

314-621-3384