

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90055 040 ***150.00

DOCUMENT # P00000028242

1. Entity Name
MVPS, INC.

Principal Place of Business

Mailing Address

8222 U.S. 301 N.
TAMPA FL 33610

8222 U.S. 301 N.
TAMPA FL 33610

2. Principal Place of Business

3. Mailing Address

8222 U.S. 301 North

P.O. Box 2555

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, Florida

Plant City, Florida

Zip

Country

Zip

Country

33637

Hillsborough

33564

Hills.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STITZEL, D. HOWARD III
206 N. COLLINS ST.
PLANT CITY FL 33566

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STEPHEN PERRY, MICHAEL | |
| STREET ADDRESS | P.O. BOX 2555 | |
| CITY-ST-ZIP | PLANT CITY FL 33564 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PHILLIP SURRATT, LEWIS JR | |
| STREET ADDRESS | P.O. BOX 2555 | |
| CITY-ST-ZIP | PLANT CITY FL 33564 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MILES, DAVID | |
| STREET ADDRESS | P.O. BOX 2555 | |
| CITY-ST-ZIP | PLANT CITY FL 33564 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | VERNER, EDWARD MILLER | |
| STREET ADDRESS | P.O. BOX 2555 | |
| CITY-ST-ZIP | PLANT CITY FL 33564 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------------|--|
| TITLE | D/President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Stephen Perry, Michael | |
| STREET ADDRESS | P.O. Box 2555 | |
| CITY-ST-ZIP | Plant City, FL 33564 | |
| TITLE | D/Vice President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Phillip Surratt Jr., Lewis | |
| STREET ADDRESS | P.O. Box 2555 | |
| CITY-ST-ZIP | Plant City, FL 33564 | |
| TITLE | D/Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Phillip Surratt, Lewis | |
| STREET ADDRESS | P.O. Box 2555 | |
| CITY-ST-ZIP | Plant City, FL 33564 | |
| TITLE | D/Sec. Tres. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Verner, Edward Miller | |
| STREET ADDRESS | P.O. Box 2555 | |
| CITY-ST-ZIP | Plant City, Florida, 33564 | |
| 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 | | |

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lewis P. Surratt Jr. (V.P.)/Director 4-26-01 (813) 763-1718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)