

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000053251

1. Entity Name

MVP OF FLORIDA, INC

Principal Place of Business

Mailing Address

127 E TAMPA AVENUE
SUITE #3
VENICE, FL 34285

2. Principal Place of Business

127 E TAMPA AVENUE

Suite, Apt. #, etc.

#3

City & State

VENICE FL

Zip

34285

Country

USA

3. Mailing Address

1200 GULF BLVD

Suite, Apt. #, etc.

#

City & State

Englewood

Zip

34223

Country

Charlotte

4. FEI Number

65-0900990

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAN M EDWARDS
1842 40TH TERR SW
NAPLES, FL 34116

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

Date

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to elect 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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PRESIDENT
MICHAEL VELLUCCI
127 e TAMPA AVE, #3
VENICE, FL 34285

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VENICE, FL 34285

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

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 filing empowered.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

FILED

01 SEP -4 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/02/01 90294/019 \$150.00
DO NOT WRITE IN THIS SPACE

192

CR2E034 (11/00)

202

ALPHA ACCOUNTING SERVICES, INC

1842 40TH TERR SW
NAPLES, FL 34116

TEL: 941-455-3047
FAX: 941-455-5133

EMAIL: ALPHA595@HOTMAIL.COM

April 18, 2001

Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

Dear Sir

RE: MVP OF FLORIDA, INC

We are pleased to enclose a copy of completed form UBR in respect of the above for the year 2001.

Please note that the original form was filed early but the form was not properly completed and was returned but the office was relocated and an address notification was sent to your office.

We did not receive the notification that the form were incomplete until we phone your office, due to the change of address.

Therefore, we would be grateful if you could waive the late fees, based on the fact that our client did send the check on the original filing.

We trust that you will give this matter your usual kind attention.

Yours truly,



D. M. EDWARDS
ACCOUNTANT