

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P-00000087425

1. Entity Name

M D C ENTERPRISES

FILED

02 JUN -7 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 1801

3. Mailing Address

P.O. Box 1801

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DELAND, FLORIDA

City & State

DELAND, FLORIDA

4. FEI Number

59-3675248

Applied For

Not Applicable

Zip

Country

32721-1801

USA

Zip

Country

32721-1801

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MILTON D. CORLEY

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

1211 S. PARSONS AVE

City

DELAND

FL

Zip Code

32720

**DO NOT WRITE
IN THIS SPACE**

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.

MILTON D. CORLEY

4/10/02

(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) ☐

January 1 - May 1 Fee is \$150.00.

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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-ST-ZIP
MILTON D. CORLEY
1211 S. PARSONS AVE
DELAND, FL 32720

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900005868279--1
-06/19/02--01069--017
****300.00 ****300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P- Rutha B. Corley
T 1211 S. Parsons Avenue
DeLand, FL 32720

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V - Milton D. Corley, Jr.
11120 Adderley Commons Ct.
Orlando, FL 32837

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S A LT Michael D. Corley
1211 S. Parsons Avenue
DeLand, FL 32720

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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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 on an attachment with an address, with another line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 Apr 02 3869386708
Date Daytime Phone #

CR2E034B (12/01)

Attachment Doc#

700000087425

7 May 02

Department of Corporations

Subject: Uniform Business Report

Please excuse/waver the late
fee. We misplaced the form. We
thought we had mailed the application.
Thanks for your assistance.

Bob Bless

Michelle Conley