

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

02-07-2001 90152 042 ***150.00

DOCUMENT # P00000094135

1. Entity Name
ML.D., INC.

Principal Place of Business
**1264 LAUREL COURT
 MARCO ISLAND FL 34145**

Mailing Address
**1264 LAUREL COURT
 MARCO ISLAND FL 34145**

28171

2. Principal Place of Business
706 ELKCAM CIR
 Suite, Apt. #, etc.

3. Mailing Address
1264 LAUREL COURT
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MARCO ISLAND FL
 Zip
34145-2552
 Country
U.S.A.

City & State
MARCO ISLAND FL
 Zip
34145
 Country
U.S.A.

4. FEI Number **65-1047618**
 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WEBSTER, RONALD S
 985 N. COLLIER BLVD.
 MARCO ISLAND FL 34145**

7. Name and Address of New Registered Agent

Name **LEOPOLDO DEUTSCH**
 Street Address (P.O. Box Number is Not Acceptable)
1264 LAUREL COURT
 City **MARCO ISLAND FL** Zip Code **34145**

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: *Leopoldo Deutsch* **LEOPOLDO DEUTSCH, PRESIDENT** **1/24/2001**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, DIRECTOR LEOPOLDO DEUTSCH 1264 LAUREL COURT MARCO ISLAND FL 34145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY/TREAS. DIRECTOR MICHELLE DEUTSCH 1264 LAUREL COURT MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *Leopoldo Deutsch* **LEOPOLDO DEUTSCH, PRES.** **1/24/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)