


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90244 023 ***150.00

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DOCUMENT # P00000096645	
1. Entity Name M & F PROPERTIES OF CLEARWATER, INC.	

Principal Place of Business C/O PATEL & O'CONNOR, P.A. 2240 BELLEAIR RD. STE 160 CLEARWATER FL 33764	Mailing Address C/O PATEL & O'CONNOR, P.A. 2240 BELLEAIR RD. STE 160 CLEARWATER FL 33764
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2. Principal Place of Business c/o O'Connor + Associates	3. Mailing Address c/o O'Connor + Associates
Suite, Apt. #, etc. 2240 Belleair Rd. Ste 160	Suite, Apt. #, etc. 2240 Belleair Rd. Ste 160
City & State Clearwater, FL	City & State Clearwater, FL
Zip 33764	Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3680428	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'CONNOR, PATRICK M ESQ C/O PATEL & O'CONNOR, P.A. 2240 BELLEAIR RD, STE 160 CLEARWATER FL 33764	
7. Name and Address of New Registered Agent O'Connor, Patrick M. Esq. c/o O'Connor + Associates 2240 Belleair Road, Suite 160 City Clearwater FL Zip Code 33764	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 1/15/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FOX, JEFFREY M 2240 BELLEAIR RD, STE 190 CLEARWATER FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASSINGILL, JESSE L 2240 BELLEAIR RD, STE 190 CLEARWATER FL 33764 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jesse L. Massingill* **Jesse L. MASSINGILL** 4/10/2003 813-885-5656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)