

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

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90736 006 ***150.00

DOCUMENT # **PD00000098875**

1. Entity Name

MTY ENTERPRISES INC.

DO NOT WRITE IN THIS SPACE

80123345

2. Principal Place of Business

26810 CR. 448-A

Suite, Apt. #, etc.

3. Mailing Address

26810 CR 448-A

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MOUNT DORA FL

City & State

MOUNT DORA FL

4. FEI Number

59-3675982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

M.T. YOUNG

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

26810 CR 448-A

City

MOUNT DORA

FL

Zip Code

32757

**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.

(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
**P
M+YOUNG
26810 CR 448-A Mount Dora FL**

TITLE
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CITY - ST - ZIP

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)