

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90206 047 ***150.00

DOCUMENT # P00000102252

1. Entity Name
MBG TESTING, INC.



Principal Place of Business
**50-33 MOREE LOOP
WINTER SPRINGS FL 32708**

Mailing Address
**50-33 MOREE LOOP
WINTER SPRINGS FL 32708**

2. Principal Place of Business

605 ASHWELL CT.

3. Mailing Address

605 ASHWELL CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DEBARY, FLORIDA

City & State
DEBARY, FLORIDA

4. FEI Number **59-3680832**

Applied For

Not Applicable

Zip
32713

Country

Zip
32713

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARRETT, MIKEL B
50-33 MOREE LOOP
WINTER SPRINGS FL 32708**

Name **GARRETT, MIKEL B**
Street Address (P.O. Box Number is Not Acceptable)
605 ASHWELL CT.

City **DEBARY** **FL** Zip Code **32713**

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 *M. Brandon Garrett*
Signature, typed or printed name of registered agent and title if applicable.

M. Brandon Garrett (President)

04/09/03
DATE

(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. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GARRETT, MIKEL B**
CITY-ST-ZIP **50-33 MOREE LOOP
WINTER SPRINGS FL 32708**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

M. Brandon Garrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Brandon Garrett
Date

04/09/03
Daytime Phone # *(321) 689-1207*

CR2E034 (10/02)