

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-24-2002 90042 011 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000074268

1. Entity Name
MBL MANAGEMENT, INC.

Principal Place of Business
1205 PAMELA SUE COURT
PLANT CITY FL 33567-8036

Mailing Address
1205 PAMELA SUE COURT
PLANT CITY FL 33567-8036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1205 Pamela Sue Ct
Suite, Apt. #, etc.

3. Mailing Address
1205 Pamela Sue Ct
Suite, Apt. #, etc.

City & State
Plant City, FL
Zip
33567
Country
USA

City & State
Plant City, FL
Zip
33567
Country
USA

4. FEI Number
59-3736903

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOVEJOY, MARGARET B
1205 PAMELA SUE COURT
PLANT CITY FL 33567-8036

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Margaret B. Lovejoy Margaret B. Lovejoy 3-2-02
Signature, typed or printed name of registered agent and date 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, 2002 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	Owner margaret B. Lovejoy 1205 Pamela Sue Ct Plant City FL 33567	<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
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
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: Margaret B. Lovejoy 3-2-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/01)