

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90457 016 ***150.00

DOCUMENT # P01000096244

1. Entity Name

MTC ASSOCIATES, INC.

Principal Place of Business

**1720 COUNTRY WALK DRIVE
 ORANGE PARK FL 32003**

Mailing Address

**1720 COUNTRY WALK DRIVE
 ORANGE PARK FL 32003**

2. Principal Place of Business

1357 FAIRWAY Village Dr

3. Mailing Address

1357 FAIRWAY Village Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ORANGE PARK

City & State

FL

City & State

ORANGE PARK FL

4. FEI Number

59-3756790

☒ Applied For

☐ Not Applicable

Zip

Country

32003

CLAY

Zip

Country

32003

CLAY

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI FL 33145**

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

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, 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 **PSTD** ☐ Delete
 NAME **COBBS, MARY T**
 STREET ADDRESS **1720 COUNTRY WALK DRIVE**
 CITY-ST-ZIP **ORANGE PARK FL 32003**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
 NAME **COBBS, MARY T** (Address)
 STREET ADDRESS **1357 FAIRWAY Village Dr**
 CITY-ST-ZIP **ORANGE PARK, FL 32003**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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:

Mary T. Cobbs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-02

Date

904 610-2428

Daytime Phone #

CR2E034 (9/01)