

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90159 037 ***150.00

DOCUMENT # P02000017992

1. Entity Name
MACKEPRANG CORPORATION



Principal Place of Business
**10908 BOURGON CT.
#51
TAMPA FL 33612**

Mailing Address
**10908 BOURGON CT.
#51
TAMPA FL 33612**

20013114



2. Principal Place of Business
**10908 BOURBON CT
Suite, Apt. #, etc.
51**

3. Mailing Address
**10908 BOURBON CT.
Suite, Apt. #, etc.
51**

☐ CHECK HERE IF MAKING CHANGES

City & State
TAMPA FL

City & State
TAMPA, FL

4. FEI Number
01-0600574

Applied For
☐ Not Applicable

Zip
33612 Country
Hills

Zip
33612 Country
Hills

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

**MACKEPRANG, MATTHIAS
10908 BOURGON CT.
#51
TAMPA FL 33612**

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

SIGNATURE *[Signature]* *[Signature]* **01/09/03**
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when registering) DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MACKEPRANG, MATTHIAS
10908 BOURBON CT., #51
TAMPA FL 33612** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MACKEPRANG, ELIA M
10908 BOURBON CT., #51
TAMPA FL 33612** ☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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 *[Signature]* **01/09/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day's Phone #

CR2E034 (10/02)