

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90171 006 ***158.75

URS-2003 AV

DOCUMENT # P02000027693

1. Entity Name
MLC SERVICES, INC.



Principal Place of Business
**4134 GULF OF MEXICO DRIVE STE 302
LONGBOAST KEY FL 34228**

Mailing Address
**4134 GULF OF MEXICO DRIVE STE 302
LONGBOAST KEY FL 34228**



2. Principal Place of Business
148 LONGMEADOW LANE
Suite, Apt. #, etc.

3. Mailing Address
148 LONGMEADOW LANE
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Rotonda West FL

City & State
Rotonda West FL

Zip
33917

Country
USA

Zip
33917

Country
USA

4. FEI Number
03-0419860

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

NICHOLLS, PAUL
**4134 GULF OF MEXICO DRIVE STE 302
LONGBOAST KEY FL 34228**

7. Name and Address of New Registered Agent

Name
Nicholls, Paul

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

City
Rotonda West

FL

Zip Code
33917

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  **PAUL NICHOLLS**

(NOTE: Registered Agent signature required when reinstating)

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**

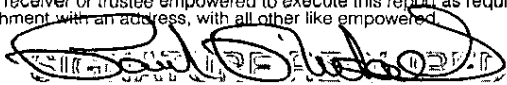
10. OFFICERS AND DIRECTORS

TITLE DP	<input checked="" type="checkbox"/> Delete
NAME NICHOLLS, PAUL	
STREET ADDRESS 4134 GULF OF MEXICO DRIVE STE 302	
CITY-ST-ZIP LONGBOAST KEY FL 34228	
TITLE DV	<input checked="" type="checkbox"/> Delete
NAME NICHOLLS, DEBBIE	
STREET ADDRESS 4134 GULF OF MEXICO DRIVE STE 302	
CITY-ST-ZIP LONGBOAST KEY FL 34228	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Nicholls Paul	
STREET ADDRESS 148 LONGMEADOW LANE	
CITY-ST-ZIP Rotonda West FL 33917	
TITLE DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Nicholls Deborah	
STREET ADDRESS 148 LONGMEADOW LANE	
CITY-ST-ZIP Rotonda West FL 33917	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:  **PAUL NICHOLLS** 3/17/2003 9:11-607-9652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)