

192
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000056544

1. Entity Name

MPO ENTERPRISES, INC.



FILED

04 DEC -9 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9659 Preston Trail

3. Mailing Address

9659 Preston Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REINSTATEMENT DO NOT WRITE IN THIS SPACE 04

City & State

Ponte Vedra Bch., FL

City & State

Ponte Vedra Bch., FL

4. FEI Number

01-0690839

Applied For

Not Applicable

Zip
32082

Country
U.S.

Zip
32082

Country
U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Edward C. Akel

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

One Independent Drive,

Suite 2301

City

Jacksonville

FL

Zip Code
32202

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.

X
SIGNATURE

Edward C. Akel

DEC -6 2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D, P, T & S
Michael P. O'Donnell
9659 Preston Trail
Ponte Vedra Bch., FL 32082

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

800042606778
11/08/04--01068--013 **150.00

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael P. O'Donnell
MICHAEL P. O'DONNELL

Date

Daytime Phone #

11/25 904 285 5679

382
MPO ENTERPRISES, INC.
9659 Preston Trail
Ponte Vedra Beach, Florida 32082

November 2, 2004

Secretary of State
Corporations Division
The Capitol
P. O. Box 6327
Tallahassee, Florida 32314

Re: MPO Enterprises, Inc.
Check for \$150.00

Dear Ladies and Gentlemen:

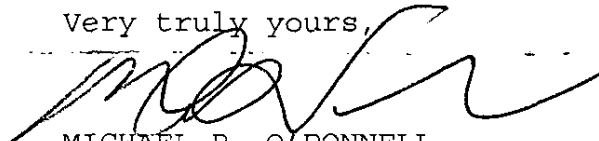
Enclosed is my 2004 Uniform Business Report together with check in the amount of \$150 as the fee.

I am requesting that you accept this as the 2004 filing without any additional charges or penalties because I never received the original 2004 Uniform Business Report sent from your office.

I am respectfully requesting that you waive the reinstatement fee and late charge.

Thank you for your assistance and cooperation.

Very truly yours,



MICHAEL P. O'DONNELL

MPO/
Enclosure