

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90520 019 ***150.00

DOCUMENT # P02000059296



1. Entity Name
M.B. LABOR SERVICE, INC.

Principal Place of Business
**1078 ARBOURS DRIVE
PANAMA CITY FL 32401**

Mailing Address
**1078 ARBOURS DRIVE
PANAMA CITY FL 32401**

90011583



2. Principal Place of Business
1078 ARBOURS DR. PANAMA CITY FL 32401

3. Mailing Address
1078 ARBOURS DR. PANAMA CITY FL 32401

Suite, Apt. #, etc.
1078 ARBOURS DRIVE

City & State
Panama City FL

Zip
32401

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **01-0724765**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BUTSIKOV, MIKHAIL
1078 ARBOURS DRIVE
PANAMA CITY FL 32401**

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

SIGNATURE *[Signature]* **M.D.** DATE **01/21/03**

(NOTE: Registered Agent signature required when reinstating)

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 PD	<input type="checkbox"/> Delete
NAME BUTSIKOV, MIKHAIL	
STREET ADDRESS 1078 ARBOURS DRIVE	
CITY-ST-ZIP PANAMA CITY FL 32401	
TITLE VD	<input type="checkbox"/> Delete
NAME BUTSIKOVA, IRENA	
STREET ADDRESS 1078 ARBOURS DRIVE	
CITY-ST-ZIP PANAMA CITY FL 32401	
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	<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	
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: *[Signature]* **NAT M.D. REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01/21/03** Daytime Phone # **(850) 896-4807**

CR2E034 (10/02)