

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000118095

FILED
Mar 25, 2003
Secretary of State

Entity Name: MPG KLOSTERMAN, INC.

Current Principal Place of Business:

2627 MCCORMICK DR STE 102
CLEARWATER, FL 33759

New Principal Place of Business:

1803 BRIAR CREEK BLVD
SAFETY HARBOR, FL 34695

Current Mailing Address:

2627 MCCORMICK DR STE 102
CLEARWATER, FL 33759

New Mailing Address:

1803 BRIAR CREEK BLVD
SAFETY HARBOR, FL 34695

FEI Number: 54-2082094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAACK, JAMES A
900 DREW ST
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C () Change (X) Addition
Name: MONROE, CHARLES H III
Address: 1803 BRIAR CREEK BLVD
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VP () Change (X) Addition
Name: WAITZ, IRA
Address: 1803 BRIAR CREEK BLVD
City-St-Zip: SAFETY HARBOR, FL 34695

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRA WAITZ

VP

03/25/2003

Electronic Signature of Signing Officer or Director

Date