## **(2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

Aug 06, 2003 8:00 am Secretary of State P02000121019 DOCUMENT # 08-06-2003 90055 029 \*\*\*150.00 1. Entity Name MP ADVISORY, INC. Principal Place of Business Mailing Address 13000 LAKE MEADOW DR 13000 LAKE MEADOW DR FT MYERS FL 33913 FT MYERS FL 33913 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PINKWART, MARK R Street Address (P.O. Box Number is Not Acceptable) 13000 LAKE MEADOW DR FT MYERS FL 33913 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 tresibent TITLE Delete TITLE PINKWART, MARK R NAME NAME 13000 LAKE MEADOW DR STREET ADDRESS STREET ADDRESS FT MYERS FL 33913 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ŤITI F Delete : Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or the

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

CR2E034 (4/03)

Attachment

COSSENTINO & ORLANDO

ACCOUNTANTS 1402 Cape Coral Parkway Cape Coral, FL 33904 (239) 945-4939 Fax (239) 945-4938

July 31, 2003

Florida Department of State Division of Corporation P.O. Box 1500 Tallahassee, FL 32302-1500

> RE: MP Advisory, Inc. #P02000121019

To Whom It May Concern,

I am the accountant for the above mentioned client. In March of 2003, we contacted the Department of State because my client did not receive his annual filing report. For some reason, his annual report was sent back, and we are not sure why, since the address was correct when we called Tallahassee. They said they would send another blank form immediately, before the May 1<sup>st</sup> due date. In late April of 2003, we again called and informed the Department of State, that we never received the blank form. Finally, on July 26, 2003, we received the Filing Form, that should have been sent in January of 2003. We complained to the Department of State that because of their error, we did not feel that we were liable for the \$550.00 fee. They advised us that we should send in this letter explaining the circumstances, and that the \$150.00 fee would be accepted.

If you should have any questions, please feel free to contact me.

Thank you,

Salvatore J. Cossentino