FILED

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

## P02000135265 DOCUMENT #

1. Entity Name



03-06-2003 90113 012 \*\*\*150.00 M&B REAL ESTATE INVESTORS INC. Principal Place of Business Mailing Address ひひひまひんひむ 3324 30TH ST. N. 3324 30TH ST. N. ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address 3324\_307 5AME Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 33-1044116 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NASON, MADELEINE Street Address (P.O. Box Number is Not Acceptable) 3324 30TH ST. N. ST. PETERSBURG FL 33713 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE President ☐ Delete TITLE Change X Addition BasilGNasoN, Jr. 3324-3013-61. N. NAME NAME STREET ADDRESS STREET ADDRESS ST. Petersburg, Pd 33713 CITY-ST-ZIP CITY-ST-ZIP ie President ☐ Delete TITLE ☐ Change **Addition** Mateleine Nason NAME NAME 3324-30th ST.N. STREET ADDRESS STREET ADDRESS ST. Petersburg, Fl. 33713 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition Madeleine Nason NAME NAME 3324, 30B ST.N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Petersburg, Pl 337/3 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change **▼** Addition Basil G. Nason 3324-3012 ST.IV. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER