

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90198 026 ***150.00

DOCUMENT # P25299

1. Entity Name
MTGR CORPORATION

Principal Place of Business

4001 HWY 128
GEYSERVILLE CA 95441
US

Mailing Address

PO BOX 158
GEYSERVILLE CA 95441
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

68-0067888

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHOENBERG, WILLIAM J
690 LOCK ROAD
DEERFIELD BEACH FL 33442

Name **Jeff Park**

Street Address (P.O. Box Number is Not Acceptable)
1217 6th St. N.W.

City **Bradenton**

FL

Zip Code

34209

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.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution: ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ **Delete**
NAME **MURPHY, TIMOTHY J. JR.**
STREET ADDRESS **3740 HWY 128**
CITY-ST-ZIP **GEYSERVILLE CA**

TITLE **President** ☒ **Change** ☒ **Addition**
NAME **James M. Murphy**
STREET ADDRESS **3294 Westside Rd.**
CITY-ST-ZIP **Healdsburg, CA 95448**

TITLE **VD** ☐ **Delete**
NAME **READY, DAVID L.**
STREET ADDRESS **900 BENJAMIN WAY**
CITY-ST-ZIP **HEALDSBURG CA**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ **Delete**
NAME **GOODE, DALE R.**
STREET ADDRESS **14424 MC DONOUGH HEIGHTS**
CITY-ST-ZIP **HEALDSBURG CA 95448**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02

Date

707431-7644

Daytime Phone #

CR2E034 (9/01)