

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000033565

1. Entity Name

MDR ENTERPRISES, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90237 034 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 8327
PORT ST. LUCIE FL 34985-8327

P.O. BOX 8327
PORT ST. LUCIE FL 34952-5928



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3235 S.E. River Vista Dr.

3. Mailing Address

3235 S.E. River Vista Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

4. FEI Number

65-0419808

Applied For

Not Applicable

Zip
34952

Country
USA

Zip
34952

Country
USA

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

RINELLI, DONALD J
3235 S.E. RIVER VISTA DRIVE
PORT ST LUCIE FL 34952

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.

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RINELLI, DONALD J
6830 NORTHWEST BENGAL STREET
PORT ST. LUCIE FL 34983

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RINELLI, DONALD J.
3235 S.E. RIVER VISTA DR.
PORT ST. LUCIE, FL. 34952

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-00 (561) 335-0738

CR2E034 (9/99)