

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90411 008 ***150.00

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DOCUMENT # P93000055235

1. Entity Name
MP INVESTMENTS, INC.



Principal Place of Business
MCNABB, M. PETE
401 E. CHASE ST., #104
PENSACOLA FL 32501
US

Mailing Address
MCNABB, M. PETE
401 E. CHASE ST., #104
PENSACOLA FL 32501
US



2. Principal Place of Business

2089 GULF BREEZE PRKWY

3. Mailing Address

2089 GULF BREEZE PRKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
GULF BREEZE FL

City & State
GULF BREEZE FL

4. FEI Number
65-0476727

Applied For
☐ Not Applicable

Zip
32563 Country
USA

Zip
32563 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

MCNABB, M PETE
401 E. CHASE ST. #104
PENSACOLA FL 32501

Name

Street Address (P.O. Box Number is Not Acceptable)
2089 GULF BREEZE PRKWY

City **GULF BREEZE** **FL** Zip Code **32563**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
MCNABB, M PETE
401 E. CHASE ST. #104
PENSACOLA FL 32501 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
JAMES, DONALD E
401 E. CHASE ST. #104
PENSACOLA FL 32501 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

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

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 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 an otherlike empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-25-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)