

2000 UNIFORM BUSINESS REPORT (UBR)

5

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-16-2000 90150 020 ***150.00

DOCUMENT # P94000002739

1. Entity Name

MFG/EDP, INC.

R

Principal Place of Business

Mailing Address

1521 DUNCAN STREET
 KEY WEST FL 33040

1521 DUNCAN STREET
 KEY WEST FL 33040-3535

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0471425

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, ROBERT C
 1521 DUNCAN STREET
 KEY WEST FL 33040

Name **MICHAEL R. BARNES**

Street Address (P.O. Box Number is Not Acceptable)

801 WHITEHEAD ST.

City **KEY WEST**

FL

Zip Code **33040**

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 **MICHAEL R. BARNES, P.A.**

[Signature]

6/14/00

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	D	<input type="checkbox"/> Delete
NAME	SMITH, ROBERT C	
STREET ADDRESS	1521 DUNCAN STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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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: **AmBurt Smith** (AmBurt Smith)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.26.00 **305.292.1254**

DATE

DAYTIME PHONE #