

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90091 032 ***158.75

DOCUMENT # P94000013829

1. Entity Name

MPC OF S.W. FL, INC.

Principal Place of Business

**12800 UNIVERSITY DR.
 SUITE 260
 FORT MYERS FL 33907
 US**

Mailing Address

**12800 UNIVERSITY DR
 SUITE 260
 FT MYERS FL 33907**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**13451 McGregor Blvd
 Suite, Apt. #, etc.
 Suite 31**

3. Mailing Address

**13451 McGregor Blvd
 Suite, Apt. #, etc.
 Suite 31**

City & State

City & State

4. FEI Number

65-0468280

Applied For

Not Applicable

Zip

33919

Country

Zip

33919

Country

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WINER, STEVEN I
 2320 FIRST STREET
 SUITE 600
 FORT MYERS FL 33907**

7. Name and Address of New Registered Agent

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OFFI, BOB A 12800 UNIVERSITY DR., STE 260 FORT MYERS FL 33907 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'CONNOR, SHEILA J 12800 UNIVERSITY DR., STE 260 FORT MYERS FL 33907 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RAYMOND A PAVELKA 12800 UNIVERSITY DR., STE 260 FORT MYERS FL 33907 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13451 McGregor Blvd, Suite 31 Fort Myers, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13451 McGregor Blvd, Suite 31 Fort Myers, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13451 McGregor Blvd, Suite 31 Fort Myers, FO 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 live employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

vice - Pres

4/8/02

239-481-2011 (102)

Date

Daytime Phone #

CR2E034 (9/01)