2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000044103

Entity Name: MDL & ASSOCIATES, INC.

FILED Apr 10, 2003 Secretary of State

| • | | · · · · · · · · · · · · · · · · · · · | | | |
|---|--|---------------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal | New Principal Place of Business: | |
| 17949 W S WINTER C | ST RD 50 GARDEN, FL | 34787 | 301 N HWY 27 SUITE B CLERMONT, FL | | |
| Current N | lailing Addre | ss: | New Mailing A | New Mailing Address: | |
| P.O. BOX KILLARNE | 7 EY, FL 34740 | | | | |
| FEI Number | : 59-3249012 | FEI Number Applied For() | FEI Number Not Applicable | () Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Add | Name and Address of New Registered Agent: | |
| | EBRA M ST STATE RO GARDEN, FL | | 301 N ĤWY 27 SUITE B | | |
| | e named entity e of Florida. | submits this statement for th | ne purpose of changing its reg | istered office or registered agent, or both, | |
| SIGNATURE: | | | | 04/10/2003 | |
| | Electro | nic Signature of Registered | Agent | Date | |
| | mpaign Financir S AND DIREC | ng Trust Fund Contribution(). | ADDITIONS/CH | IANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | DP (LACEK, MARK P. O. BOX 7 KILLARNEY, F | N/A | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | LACEK, DEBR P. O. BOX 7 | N/A | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA M. LACEK VP 04/10/2003