

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**  
 02-05-2001 90111 025 \*\*\*150.00

**DOCUMENT # P94000045871**

1. Entity Name

**M.P. ASSOCIATES, P.A.**

Principal Place of Business

Mailing Address

~~75 CORAL SEA WAY #11~~  
~~SATELLITE BEACH FL 32937~~

~~75 CORAL SEA WAY #11~~  
~~SATELLITE BEACH FL 32937~~

2. Principal Place of Business

3. Mailing Address

**1944 BAYHILL DR.**  
 Suite, Apt. #, etc.

**1944 BAYHILL DR.**  
 Suite, Apt. #, etc.

City & State

City & State

**VIERA, FL**

**VIERA, FL**

Zip

Country

Zip

Country

**32940**

**USA**

**32940**

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PINKERMAN, MARILYN**  
~~75 CORAL SEA WAY #11~~  
~~SATELLITE BEACH FL 32937~~

Name **PINKERMAN, MARILYN (SAME)**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1944 BAYHILL DR.**  
 City **VIERA** FL Zip Code **32940**

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, 2001 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	<b>D</b> <b>PINKERMAN, MARILYN</b> <b>75 CORAL SEA WAY #11</b> <b>SATELLITE BEACH FL 32937</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1944 BAYHILL DR.</b> <b>VIERA, FL 32940</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>PINKERMAN, CHARLES M</b> <b>75 CORAL SEA WAY</b> <b>SATELLITE BCH FL 32937</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1944 BAYHILL DR.</b> <b>VIERA, FL 32940</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 like empowered.

SIGNATURE:

*Marilyn Pinkerman* **MARILYN PINKERMAN, D**

Date

Daytime Phone #

**1-30-01 321-752-1007**

CR2E034 (10/00)