

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2003 8:00 am
Secretary of State

09-09-2003 90028 005 ***550.00

DOCUMENT # P94000049244

1. Entity Name
MBO CORP.

Principal Place of Business
7077 BONNEVAL RD
600
JACKSONVILLE FL 32216
US

Mailing Address
7077 BONNEVAL RD
600
JACKSONVILLE FL 32216
US



2. Principal Place of Business

3. Mailing Address

4955 SW 91 ST DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

GAINESVILLE

4. FEI Number **59-3293398**

Applied For

Not Applicable

Zip

Country

Zip

Country

FL 32608

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

F&L CORP
200 LAURA ST
JACKSONVILLE FL 32202

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
DS
VAN MOOK, A L 'TON'
7077 BONNEVAL RD., STE. 600
JACKSONVILLE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
GARRIPEE, LESTER N
7077 BONNEVAL RD., STE. 600
JACKSONVILLE FL ☒ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE REQUIRED
VAN MOOK 9/1/03 352 3782610

CR2E034 (4/02)