

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000077029

Entity Name: MVI ENTERPRISES, INC.

FILED  
Sep 09, 2003  
Secretary of State

**Current Principal Place of Business:**

14138 - 84TH TERRACE NORTH  
SEMINOLE, FL 33776 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 8022  
SEMINOLE, FL 34645 US

**New Mailing Address:**

14138 84TH TERRACE NORTH  
SEMINOLE, FL 33776 US

FEI Number: 59-3289866

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VAN KESTEREN & WATTS, P.A.  
405 CENTRAL AVE.  
6TH FLOOR  
ST. PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: HARNEIT, WALTER C JR.  
Address: 14138 84TH TERRACE NORTH  
City-St-Zip: SEMINOLE, FL 34646

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPST (X) Change ( ) Addition  
Name: HARNEIT, WALTER C JR.  
Address: 14138 84TH TERRACE NORTH  
City-St-Zip: SEMINOLE, FL 33776 US

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: WALTER C HARNEIT, JR

DPST

09/09/2003

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date