

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000015544

1. Entity Name

M. C. BROKERS, INC.

FILED

May 17, 2000 8:00 am  
Secretary of State

05-17-2000 90923 050 \*\*\*150.00

Principal Place of Business

Mailing Address

139 WILLIAM STREET  
EDGEWATER FL 32141  
US

139 WILLIAM STREET  
EDGEWATER FL 32124-6658  
US

2. Principal Place of Business

3. Mailing Address

150 Country Cir. S.E.  
Suite, Apt. #, etc.

150 Country Cir. S.E.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Daytona Bch. FL

Daytona Bch. FL

Zip  
32124

Country  
USA

Zip  
32124

Country  
USA

4. FEI Number 59-3301178

Applied For

☒ Not Applicable

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

POTTER, ERROL

139 WILLIAM STREET  
EDGEWATER FL 32141

Name

Errol Potter

Street Address (P.O. Box Number is Not Acceptable)

150 Country Cir. S.E.

City

Daytona Bch.

FL

Zip Code

32124

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

*Errol Potter*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-00

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, 2000 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 D ☐ Delete  
NAME POTTER, ERROL  
STREET ADDRESS 139 WILLIAM STREET  
CITY-ST-ZIP EDGEWATER FL

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

TITLE D ☐ Delete  
NAME KLINGEN, DEBORAH  
STREET ADDRESS 139 WILLIAM STREET  
CITY-ST-ZIP EDGEWATER FL

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

TITLE ☐ Delete  
NAME ~~MA~~  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME MEGAN C. POTTER  
STREET ADDRESS 150 Country Cir. S.E.  
CITY-ST-ZIP DAYTONA Bch. FL 32124

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Errol Potter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-22-00

Daytime Phone #

904-763-0555

CR2E034 (9/99)