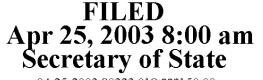
## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR) P95000018116 **DOCUMENT#** 1. Entity Name MLD PROPERTIES GROUP, INC.



04-25-2003 90323 018 \*\*\*150.00

Principal Place of Business 711 LAKE AVE MAITLAND FL 32751			Mailing Address 711 LAKE AVE MAITLAND FL 32751				1 ( <b>0.0</b> )/ <b>8</b> 01 (10 10 10 10 10 10 10 10 10 10 10 10 10 1		<b>.</b>	11 <b>818 8</b> 141 18 <b>8</b> 1	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt.	#, etc.	Sui	Suite, Apt. #, etc.			-	CHECK HERE IF MAKING CHANGES				
City & Stat	e	City	City & State			4.	50-9909971 <del>                                     </del>			pplied For ot Applicable	
Zip Country		Zip		Coun	y 5. Certifi		Certificate of Status Desired		8.75 Add	ditional	
	6. Name and Addr	ess of Current Register	ed Agent	_1,		7. N	Name and Address of New Re	istered Ag	ent		
					Name						
DEZONIA, MICHAEL L.			Street Address			(P.O. Box Number is Not Acceptable)					
711 LAKE											
MAITLANE	O FL 32751				City			FL	Zip Cod	le	
	named entity submits to		pose of changing its	s registere	I ed office or registe	red ag	ent, or both, in the State of Florid		niliar with,	and accept	
SIGNATURE .	Signature, typed or printed name	e of registered agent and title if ap	plicable. (NO	TE: Registered	d Agent signature require	id when re	pinstating)	DATE			
β After	ILE NOW!!! FEE IS r May 1, 2003 Fee wi k Payable to Florida	•		<del>.</del>			Election Campaign Final Trust Fund Contribution.	ncing		00 May Be d to Fees	
10.		OFFICERS AND DIRECTO		11.		AD	DITIONS/CHANGES TO OFFIC	ERS AND D	IRECTOR	S IN 11	
TITLE NAME STREET ADDRESS I CITY-ST-ZIP	P   Dezonia, Michaei   711 Lake Ave   Maitland Fl 3275		☐ Delete					Į.	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		<u> </u>	☐ Delete		E ET ADDRESS			[	Change	Addition	
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE	<b>I</b>			[	Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	partifu that the information	on cumplied with this filler	Delete	CITY-	ET ADDRESS ST-ZIP	onties (	119.07(3)(i) Florida Statutes I fi		☐ Change	Addition	

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 10 or Block 11 if changed, or on an attachment with an address with all other the empowered.

SIGNATURE: