## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT#**

P95000022013

1. Entity Name



**FILED** Mar 04, 2003 8:00 am Secretary of State

03-04-2003 90075 043 \*\*\*150.00

Modeling Accretions	MLG CORPORATION						
Suite, Apl. 8, etc.    City & State   City & State	412 NE 16TH AVENUE 412 NE 16TH		412 NE 16TH AVENUE				
Suite, Apl. 8, etc.    City & State   City & State							
Cay & State  City & State  Country  Sp. 3302877  Applied For Not Appli	Principal Place of Business     3. Mailing Address			******			
Typ Country 7/p Country 5. Certificate of Status Desired   S5.75 Additional   February	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING	3 CHANGES	
Single Address of Country	City & State		City & State		4. FEI Number 59-3302877	<u> </u>	
GARWN, H. EDWARD 412 NE 16TH AVENUE GAINESVILE FL 32601  6. The abover named entity submits this statement for the purpose of changing its registered digent. or both, in the State of Horida. I am familiar with, and accept the obligations of registered agent and the approach agent and the approach.  6. The abover named entity submits this statement for the purpose of changing its registered digent. or both, in the State of Horida. I am familiar with, and accept the obligations of registered agent and the approach.  6. The abover named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Horida. I am familiar with, and accept the obligations of registered agent and the approach.  6. The abover named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Horida. I am familiar with, and accept the obligations of registered agent.  6. The abover named entity submits this statement for the purpose of changing its registered office or registered agent.  6. The abover named entity submits this statement for the purpose of changing its registered office or registered agent. or both, in the State of Horida. I am familiar with, and accept the obligation of registered agent.  6. The abover named entity submits this statement for the purpose of changing its registered office or registered agent. or both, in the State of Horida. I am familiar with, and accept the obligation of registered agent.  6. The Abover named entity submits this statement for the purpose of changing its registered office or registered agent. or both in the state of Horida. I am familiar with, and accept the named agent and the weathing.  6. The Rows is a state of Horida. I am familiar with, and accept the named agent and the weathing.  6. The Rows is a state of Horida.  6. The Abover named entity submits this statement for the purpose of changing its registered office or registered agent. or both in the state o	Zip	Country	Zip	Country		\$8.75 Additional	
GARWIN, H. EDWARD 412 NE 16TH AVENUE GAINESVILLE FL 32601  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the originations of registered agent, or both, in the State of Florida. I am familiar with, and accept the originations of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of Florida. I am familiar with, and accept the origination of Florida. I am familiar with, and accept the origination of Florida. I am familiar with, and accept the origination of Florida. I am familiar with, and accept the origination of Florida. I am familiar with, and accept the origination of Florida. I am familiar with, and accept the origination of Florida. I am familiar with, and accept the origination of Florida. I am familiar with, and accept the origination of Florida. I am		6. Name and Address of Current Regi	stered Agent			Agent	
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)	GARMN H FOWARD			- Name	_Name		
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   Submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	•			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Symature, bytead or printed name of registered agent and side a applicable. (NOTE: Registered Agent agriculted when revisitating)   DATE							
SIGNATURE SIGNAT				City	FL	Zip Code	
SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Feb will be \$550.00 Make Check Payable to Florida Department of State  10.	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.						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fée will be \$550.00 After May 1, 2003 Fée will be \$550.00 Make Check Payable to Florida Department of State  10.	SIGNATURE						
After May 1, 2005 Fee will be \$550.00 May 8e Added to Flooring Department of State  10.			if applicable. (NOTE: Re	gistered Agent signature require	ed when reinstating) DATE		
TITLE NAME 412 N.E. 16TH ÄVE GAINESVILLE FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP	After May 1, 2003 Fee will be \$550.00					\$5.00 May Be Added to Fees	
ANAME STREET ADDRESS CITY-ST-ZIP  ASD MAME STREET ADDRESS CITY-ST-ZIP  ASD MCDONALD, JANET L ASD MCDONALD MAME STREET ADDRESS CITY-ST-ZIP  MCDONALD MAME STREET ADDRESS CITY-ST-ZIP  MCDONALD MAME STREET ADDRESS CITY-ST-ZIP MCDONALD MAME STREET ADDRESS CITY-ST-ZIP MCDONALD MAME STREET ADDRESS CITY-ST-ZIP MCDONALD MAME STREET ADDRESS CITY-ST-ZIP MCDONALD MAME STREET ADDRESS CITY-ST-ZIP MCDONALD MAME STREET ADDRESS CITY-ST-ZIP MCDONALD MAME MAME MCDONALD MAME MCDONA			CTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	GARVIN, H E 412 N.E. 16TH AVE	☐ Delete	NAME		☐ Change ☐ Addition	
NAME SIREET ADDRESS CITY-ST-ZIP  WCDONALD, JANET L SIREET ADDRESS CITY-ST-ZIP  WPSD LEE, DENNIS G 412 N.E. 16 AVE GAINESVILLE FL  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	MCDONALD, JANET L 412 NE 16TH AVENUE	☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	LEE, DENNIS G 412 N.E. 16 AVE	☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	·	☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP CHange Addition NAME CITY-ST-ZIP	NAME STREET ADDRESS		□ Delete	NAME STREET ADDRESS	, , , , , , , , , , , , , , , , , , ,	☐ Change ☐ Addition	
12. I poroby portify that the information and	NAME Street address City-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP			

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 like empowered.

SIGNATURE:

SIGNATURE REDITIONS Lee

(352)334-1976