

West Melbourne

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000075068

1. Entity Name

MR ASSOCIATES, INC.

FILED

Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90041 050 ***150.00

Principal Place of Business

Mailing Address

2891 W. NEW HAVEN AVE.
W. MELBOURNE FL 32904

1878 PIEDMONT RD
ATLANTA GA 30324-4839
US

2. Principal Place of Business

3. Mailing Address

4095 EMBASSY DRIVE SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

GRAND RAPIDS, MI.

Zip

Country

Zip

Country

49546

USA

4. FEI Number

59-3338571

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

ELSBERRY, MICHAEL V ESQ.
% LOWNDES, DROSDICK, DOSTER, KANTOR & REED
215 N. EOLA DR.
ORLANDO FL 32802

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.

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 \$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 PD
NAME HOMA, CHARLES R
STREET ADDRESS 1878 PIEDMONT RD
CITY-ST-ZIP ATLANTA GA 30324 ☒ Delete

TITLE RECEIVER (R)
NAME PHILLIP S. STENGER
STREET ADDRESS 4095 EMBASSY DRIVE SE
CITY-ST-ZIP GRAND RAPIDS, MI 49546 ☐ Change ☒ Addition
SEC V HOMA
CASE 99c-6895

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 and typed or printed name of signing officer or director
JAMES BLOVES ATTY IN PHILLIP S. STENGER, RECEIVER

Date

616-940-1190

Daytime Phone #

CR2E034 (9/99)