

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90012 022 ***150.00

0013759 AT

DOCUMENT # P96000010691

1. Entity Name
MDPA LOCUMS, INC.

Principal Place of Business
27289 VOYAGEUR DR.
PUNTA GORDA FL 33983
US

Mailing Address
~~2300 TAMIAHI TRAIL~~ **2300 Tamiahi Trail**
~~#207-B~~ **# 11**
PORT CHARLOTTE FL 38948
US



2. Principal Place of Business

3. Mailing Address

2300 Tamiahi Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11

City & State

City & State
Port Charlotte, FL

4. FEI Number

59-3363048

Applied For

Not Applicable

Zip

Country

Zip

Country

33952

US

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

NEMEC, DOROTHY K
27289 VOYAGEUR DRIVE
PUNTA GORDA FL 33983

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
RAND, LARY
27289 VOYAGEUR DR.
PUNTA GORDA FL 33983 ☐ Delete

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

TITLE
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 CITY-ST-ZIP
VPST
NEMEC, DOROTHY
27289 VOYAGEUR DR.
PUNTA GORDA FL 33983 ☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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 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: **Dorothy Nemece** **3/9/02 941-766-**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)