

2001 UNIFORM BUSINESS REPORT (UBR)

2/16

FILED
Mar 02, 2001 8:00 am
Secretary of State

02-16-2001 90014 011 ***150.00

DOCUMENT # P96000041506

1. Entity Name
ELECTRONIC PRODUCTION REPAIR, INC.

Principal Place of Business
101 N.W. 2ND ST.
MULBERRY FL 33860

Mailing Address
P.O. BOX 6381
LAKELAND FL 33807-6381

2. Principal Place of Business
101 N.W. 2ND STREET

3. Mailing Address
P.O. BOX 6381

Suite, Apt. #, etc.

City & State
MULBERRY FL

City & State
LAKELAND FL

Zip
33866

Country
USA

Zip
33807

Country
USA

4. FEI Number
59-3383508

Applied For
☐ Not Applicable

5. Certificate of Status Desired
☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MULLINS, MARK L
7301 US HIGHWAY 98 NORTH
LAKELAND FL 33809

7. Name and Address of New Registered Agent
Name
MULLINS MARK L
Address (P.O. Box Number is Not Applicable)
101 NW 2ND ST.
MULBERRY FL Zip Code
33860

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
Mark L Mullins Mark L Mullins

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, 2001 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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Mark L Mullins* 1-2-2001 863 869-8422

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)