FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P96000065074** 1. Entity Name MPG ENTERPRISES, INC. 04-26-2001 90078 009 ***150.00 Principal Place of Business Mailing Address 104 FAIRWAY TEN DR PO BOX 180172 CASSELBERRY FL 32707 CASSELBERRY FL 32718 US 2. Principal Place of Business 3. Mailing Address Sane as Same Suite, Apt. # etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3395748 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MINSHALL, GREGG E Street Address (P.O. Box Number is Not Acceptable) **104 FAIRWAY TERRACE** CASSELBERRY FL 32707 City 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5:00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) TITLE □ Delete TITLE ☐ Change NAME NAME MINSHALL, GREGG E STREET ADDRESS STREET ADDRESS 104 FAIRWAY TEN. CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY_FL_32707 Delete Change Change TITLE TITLE ☐ Addition susan minshall NAME NAME MINSHALL, PHIL M 104 Fairway Ten DR. STREET ADDRESS STREET ADDRESS 308 QUAIL CT. casselberry 71.32707 susan min shall (5) secretary CITY-ST-ZIP CITY-ST-7IP CASSELBERRY_FL 32707 TITLE TITLE **⊠** Delete □ Addition NAME NAME 104 Fairway Ten DR. MINSHALL, PHIL M D STREET ADDRESS STREET ADDRESS 308 QUAIL CT. Casselberry, 71. 32707 CITY-ST-7IP CITY-ST-ZIP CASSELBERRY_FL_32707 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME MINSHALL, GREGG E STREET ADDRESS STREET ADDRESS -104 FAIRWAY-TEN = CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

407-695-1111