

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037381

1. Entity Name
MFB SERVICES, INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90302 013 ***150.00

2. Principal Place of Business

3. Mailing Address

29712 U.S. 19 NORTH
#430
CLEARWATER FL 33761
US

29712 U.S. 19 NORTH
#430
CLEARWATER FL 33761
US

2. Principal Place of Business

3. Mailing Address

29712 U.S. 19 NORTH
Suite Apt. #, etc.
#430

29712 U.S. 19 NORTH
Suite Apt. #, etc.
#430



DO NOT WRITE IN THIS SPACE

City & State

City & State

CLEARWATER, FL

CLEARWATER, FL

Zip

Country

Zip

Country

33761

PINKHAB

33761

PINKHAB

4. FEI Number 59-3450245

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

BATASSA, MARIO F
29712 U.S. 19 NORTH, STE. 430
CLEARWATER FL 33761

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

M.F. Batassa M.F. BATASSA

1-25-01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVSD
BATASSA, MARIO
1848-A WASHINGTON AVE N
CLEARWATER FL 33755 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVSD
BATASSA, MARIO
1625 INDIANA AVE
PALM HARBOR, FL 34683 ☒ Change ☐ Addition
(ADDRESS ONLY)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
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☐ 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

1-25-01

Date

727-
781-8859

Daytime Phone #

CR2E034 (10/00)