

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90545 047 ***150.00

0022068 AV

DOCUMENT # P97000094831

1. Entity Name
MPS ASSET MANAGEMENT CORP.



Principal Place of Business
**1 INDEPENDENT DR.
JACKSONVILLE FL 32202**

Mailing Address
**1 INDEPENDENT DR
JACKSONVILLE FL 32202
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-3478179** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SAITTA, THOMAS	
STREET ADDRESS	1 INDEPENDENT DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLASHEEN, CHARLES	
STREET ADDRESS	1 INDEPENDENT DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	COB	<input checked="" type="checkbox"/> Delete
NAME	MAYO, MARC M	
STREET ADDRESS	1 INDEPENDENT DR	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	SVTS	<input type="checkbox"/> Delete
NAME	FARRIS, KRISTIN	
STREET ADDRESS	ONE INDEPENDENT DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	ROBINSON, GERALD	
STREET ADDRESS	ONE INDEPENDENT DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	P	<input type="checkbox"/> Delete
NAME	LAYE, DON	
STREET ADDRESS	ONE INDEPENDENT DR	
CITY-ST-ZIP	JACKSONVILLE FL 32202	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tyra Tutor	
STREET ADDRESS	One Independent Drive	
CITY-ST-ZIP	Jacksonville FL 32202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gerald Robinson **REQUIRE** **4-25-03** **904-360-2704**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)