

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106005

1. Entity Name

MR ENTERPRISES / EZ TV, INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90109 038 \*\*\*150.00

Principal Place of Business

Mailing Address

5275 BABCOCK STREET NE. #7  
COUNTRY CLUB PLAZA  
PALM BAY FL 32905

5275 BABCOCK STREET NE. #7  
COUNTRY CLUB PLAZA  
PALM BAY FL 32905-4605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3485585

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

THOMAS, DOTTIE  
3076 INDIAN RIVER DRIVE, NE  
PALM BAY FL 32905

Name DOTTIE THOMAS PRES  
Street Address (P.O. Box Number is Not Acceptable)  
3076 INDIAN RIVER DRIVE NE  
RD: 1835 MALABAR Rd  
City MALABAR FL Zip Code 32950

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

*Ronald Thomas VP*  
RONALD THOMAS VP

01-05-00

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	THOMAS, DOTTIE	
STREET ADDRESS	3076 INDIAN RV. DRIVE N.E.	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	THOMAS, RONALD	
STREET ADDRESS	3076 INDIAN RV DRIVE N.E.	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

*Ronald Thomas VP*  
RONALD J. THOMAS VP

Date

Daytime Phone #

01-05-00 321 956-3388

CR2E034 (9/99)