

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019762

Entity Name

M.R.C. OF LAKE CITY, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90075 032 ***150.00

0633703 SP

Principal Place of Business
229 HIGHWAY 17 NORTH
GREEN COVE SPRINGS FL 32043

Mailing Address
3229 HIGHWAY 17 NORTH
GREEN COVE SPRINGS FL 32043

B0029679



DO NOT WRITE IN THIS SPACE

| | | | |
|----------------------------------|---------|--------------------------------|---------|
| Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number | | Applied For | |
| 59-3496295 | | Not Applicable | |
| 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| <input type="checkbox"/> | | <input type="checkbox"/> | |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| SOILEAU, JOHN 3229 HIGHWAY 17 NORTH GREEN COVE SPRINGS FL 32043 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

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 _____ (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) <input checked="" type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|--|

| 1. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD SOILEAU, JOHN W 3229 HIGHWAY 17 NORTH GREEN COVE SPRINGS FL 32043 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CSD SOILEAU, NINA O 3229 HIGHWAY 17 NORTH GREEN COVE SPRINGS FL 32043 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BALLARD, DEBORAH 708 MYRTLE AVENUE GREEN COVE SPRINGS FL 32043 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02 904-284-4021
Date Daytime Phone #

CR2E034 (9/01)