

2001 UNIFORM BUSINESS REPORT (UBR)

pg 192

0240683

DOCUMENT # P98000030440

1. Entity Name

MDF INC.

FILED

01 JAN 25 PM 3: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1600 BRITANNIA RD EAST
MISSISSAUGA ON L4-W1J2

Mailing Address

C/O ATLAS. PEARLMAN ET AL
200 E. LAS OLAS BLVD.. #1900
FT. LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

% Holland & Knight LLP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

400 N. Ashley Street, Suite 2300

City & State

City & State

Tampa Florida

Zip

Country

Zip

Country

33602

4. FEI Number 98-0207976

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

~~SOUTH FLORIDA REGISTERED AGENT, INC.~~
~~C/O ATLAS PEARLMAN TROP & BORKSON, P.A.~~
~~200 E. LAS OLAS BLVD. #1900~~
~~FT. LAUDERDALE FL 33301~~

Name Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

TALLAHASSEE

City

FLORIDA

FL

Zip Code

32301

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 Deborah D. Skipper

Deborah D. Skipper

Asst. Secretary

1-25-01

Signature, typed or printed name of registered agent and file 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	DP MCWILLIAMS, RAY 1600 BRITANNIA RD. EAST MISSISSAUGA ON L4-W1J2	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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	200003575512--1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAY MCWILLIAMS

January 18/2001

Date

Daytime Phone #

CR2E034 (10/00)



pg 292

ACCOUNT NO. : 072100000032

REFERENCE : 977649 4303940

AUTHORIZATION :

Patricia Pizeto

COST LIMIT : \$ 150.00

ORDER DATE : January 25, 2001

ORDER TIME : 1:50 PM

ORDER NO. : 977649

CUSTOMER NO: 4303940

CUSTOMER: Kathleen Wheeler, Legal Asst
Holland & Knight LLP
Suite 2050
400 North Ashley Drive
Tampa, FL 33602

CHANGE OF AGENT

NAME: MDF INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Denise Mick -- EXT#

EXAMINER: _____

RECEIVED
01 JAN 25 PM 3:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA