

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90142 005 ***150.00

DOCUMENT # P98000045224

1. Entity Name
MPL PROPERTIES, INC.



Principal Place of Business
**31 SARASOTA CENTER BLVD.
SARASOTA FL 34240**

Mailing Address
**31 SARASOTA CENTER BLVD.
SARASOTA FL 34240**

2. Principal Place of Business

3. Mailing Address

P.O. Box 19034

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip

Country

Zip

Country

34276

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

**LOPEZ, JOHN
SARASOTA CITY CENTER
1819 MAIN ST. #610
SARASOTA FL 34236**

Name **RICHARD D. SABA**
Street Address (P.O. Box Number is Not Acceptable)
**2055 MAIN STREET
SUITE 303**
City **SARASOTA FLORIDA FL** Zip Code **34237**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **LEPORE, MICHAEL R**
STREET ADDRESS **31 SARASOTA CENTER BLVD**
CITY-ST-ZIP **SARASOTA FL 34240**

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

TITLE **VP** ☐ Delete
NAME **BANKEMPER, MARIA**
STREET ADDRESS **31 SARASOTA CENTER BLVD**
CITY-ST-ZIP **SARASOTA FL 34240**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VP BANKEMPER, EDWARD**
STREET ADDRESS **31 SARASOTA CENTER BLVD**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-926-8503

CR2E034 (10/02)