2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051462

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
MDV AD GROUP INC

Principal Place of Business	Mailing Address
125 North 1900N. Ave Brandon, Fla 33511	

2. Principal Place of Business	3. Mailing Address
2020 W. Brandon Blvd	
Suite, Apt. #, etc. 205	Suite, Apt. #, etc.
City & State Brandon, fl 2	City & State
Zip 33511 Country US	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 593-54-0115 ☐ 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
Lee C McSherdon Jr. 3419 Pearson Rd Valr. 20, fla, 33594	Name n/a 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.

SIGNATURE n/a
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Pres/Secretary Jami M McSherdon 3419 Pearson Rd. Valrico, fl, 33594 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Treasurer Diane Villa 3511 South Kings Ave Brandon, fl, 33510 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additi 00000343451O--8 -10/23/00--01018--006 ~~****550.00 ****550.00~~
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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.

(813)662-1152

SIGNATURE: [signature] Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR