

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063522
1. Entity Name
M.D.P. ASSOCIATES, INC.

Principal Place of Business

4262 NORTHLAKE BLVD.
PALM BEACH GARDENS FL 33410

Mailing Address

4262 NORTHLAKE BLVD.
PALM BEACH GARDENS FL 33410-6224

2. Principal Place of Business

4262 Northlake Blvd
PMB # 161

3. Mailing Address

Suite, Apt. #, etc.

City & State

Palm Beach Gardens
33410

City & State

Florida

Zip

Country
USA

Country

6. Name and Address of Current Registered Agent

LAMONTANARO, MICHAEL
600 SANDTREE DRIVE SUITE 109
PALM BEACH GARDENS FL 33410

Name

DOUG LUTZ

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

4262 Northlake Blvd

PMB # 161

City

PBG

Applied For

Not Applicable

4. FEI Number

65-0851290

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

FL Zip Code
33410

3. 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 *Marc Lutz* - president

(NOTE: Registered Agent signature is required when reinstating)

DATE

3-13-2000

4. 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

LUTZ, DOUG
600 SANDTREE DRIVE SUITE 109
PALM BEACH GARDENS FL 33410

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

LAMONTANARO, MICHAEL
600 SANDTREE DRIVE SUITE 109
PALM BEACH GARDENS FL 33410

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

EGBERT, PAUL
600 SANDTREE DRIVE SUITE 109
PALM BEACH GARDENS FL 33410

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ADDRESS
ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ADDRESS
ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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.

NATURE: *✓*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

3-13-99 71 Ref 2162

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90041 030 ***150.00

00030121



DO NOT WRITE IN THIS SPACE