

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 18, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000067768**1. Entity Name  
MBSP, INC.

Principal Place of Business 2020 TAMiami TRAIL  PORT CHARLOTTE FL 33948	Mailing Address 2020 TAMiami TRAIL  PORT CHARLOTTE FL 33948
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2. Principal Place of Business 2020B TAMiami TRAIL	3. Mailing Address 2020B TAMiami TRAIL
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State PORT CHARLOTTE FL	City & State PORT CHARLOTTE FL
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Zip 33948	Country	Zip 33948	Country
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4. FEI Number <b>65-1063325</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  BAENZIGER MARCEL 2020 TAMiami TRAIL  PORT CHARLOTTE FL 33948	7. Name and Address of New Registered Agent Name BAENZIGER MARCEL Street Address (P.O. Box Number is Not Acceptable) 2020B TAMiami TRAIL  City PORT CHARLOTTE FL Zip Code 33948
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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 \_\_\_\_\_ DATE **01/18/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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.

SIGNATURE: Marcel Baenziger PTD 01/18/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)