2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P98000102556

1. Entity Name

MBN ENTERPRISES, INC.



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90147 037 ***150.00

Soite, Apt 4, etc. Suite, Apt 4, etc. City & State City & State City & State City & State Some Address of Country South Applicable	Principal Place of Business 2099 TAYLOR ROAD DAYTONA BEACH FL 32124		Mailing Address 2099 TAYLOR ROAD DAYTONA BEACH FL 32124			F					
City & State City & State Country Zip Country S. Certificate of Status Desired S.27.5 Acadimont	2. Principal Place of Business		3. Mailing Address				K IBBALINAK IIN ININK HARRI NBHLI KOCKI NINAK IRAK		EL ATTION DELLE TRANS		
September Sept	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent For Required 7. Name and Address of New Registered Agent Name	City & State)	City & State			4 , FI	E0 0E40000			<u>э</u>	
NEL. BRIAN J SIGNATURE Signature, spots or printers review of significant of State 1. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the citi gallouine of registered agent, or both, in the State of Florida. I am familiar with, and accept the citi gallouine of registered agent, or both, in the State of Florida. I am familiar with, and accept the citi gallouine of registered agent, or both, in the State of Florida. I am familiar with, and accept the citi gallouine of registered agent, or both, in the State of Florida. I am familiar with, and accept the citi gallouine of registered agent, or both, in the State of Florida. I am familiar with, and accept the citi gallouine of registered agent, or both, in the State of Florida. I am familiar with, and accept the cities of the c	Zip	Country Zip		Coun	try	5 . C					
NEL, BRIAN J 2099 TAYLOR ROAD DAYTONA BEACH FL 32124											
2099 TAYLOR ROAD DAYTONA BEACH FL 32124 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$555.00 May Be Added to Fees Added to						Name					
City FL Zip Code				Street Address			s (P.O. Box Number is Not Acceptable)				
S. 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 fermillar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Pragiable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 O. OFFICERS AND DIRECTORS IN 11 NAME NAME NAME SIRET ADDRESS OITY-ST-2P DAYTONA BEACH FL 32124 Delete ITILE NAME SIRET ADDRESS OITY-ST-2P Delete TITLE NAME SIRET ADDRESS OITY-ST-2P TITLE										1	
The above named only 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 chigations of registered agent. SIGNATURE Spoulure, hyear or private rivery incytomer's agent and their importance. FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$555.00 After May 1, 2005 Fee will be \$555.00 After May 1, 2005 Fee will be \$555.00 OFFICERS AND DIRECTORS: 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP NELL BRIAN J SITEST ADDRESS CITY-ST-2P DAYTONA BEACH FL 32124 Detel: TITLE NAME SITEST ADDRESS CITY-ST-2P DAYTONA BEACH FL 32124 Detel: TITLE NAME SITEST ADDRESS CITY-ST-2P TITLE NAME NAME SITEST ADDRESS CITY-ST-2P CHARGES CITY-ST-2P TITLE NAME SITEST ADDRESS CITY-ST-2P CHARGES CITY-ST-2P CHARGES CITY-ST-2P Addition Addition Addition Charge Addition Addition CHARGES CITY-ST-2P CHARGES CITY-ST-2P CHARGES CITY-ST-2P Addition CHARGES CITY-ST-2P CHARGES CITY-ST-2P CHARGES CITY-ST-2P Addition CHARGES CITY-ST-2P Addition CHARGES CITY-ST-2P CHARGES CITY-ST-2P CHARGES CITY-ST-2P CHARGES	DAYTONA I	BEACH FL 32124		City				■ Zip C	ode	\dashv	
the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00			·-		•		_	-		4	
FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TILE NAME NAME SIREST ADDRESS CITY-ST-ZIP TITLE NAME SIREST ADDRESS CITY-ST-ZIP SIREST ADDRESS CITY-ST-ZIP TITLE NAME SIREST ADDRESS CITY-ST-ZIP SIREST ADDRESS CITY-ST-ZIP TITLE NAME SIREST ADDRESS CITY-ST-ZIP SIR			or the purpose of changing it	s registere	ed office or regis	stered age	ent, or both, in the State of Florida. Tai	m familiar w	ith, and accept		
FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 1 DP 1 NAME 1 NAME 1 NAME 2 NORTH AND AND AND AND AND AND ADDITIONS IN 11 TITLE 2 NAME 2 NORTH AND AND AND ADDITIONS IN 11 TITLE 3 NAME 4 NAME 5 NIRET ADDRESS 6 CITY-ST-ZIP 5 NAME	•										
After May 1, 2003 Fée will be \$55.00 Make Check Payable to Florida Department of State 10.	SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NC	TE: Registere	d Agent signature requ	uired when rei	nstating) DATE				
TITLE OP NEL, BRIAN J SIREET ADDRESS 2099 TAYLOR ROAD OP TAYLOR BEACH FL 32124 TITLE NAME SIREET ADDRESS 2099 TAYLOR BEACH FL 32124 TITLE NAME SIREET ADDRESS 2011'-51'-21P CHange Addition SIREET ADDRESS 2011'-51'-21P CHANGE ADDRESS 2011'-51'-21P CH	- After	May 1, 2003 Fee will be \$550.00	of State			e nemeron					
TITLE	10.	. OFFICERS AND	DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFICERS A	ND DIRECT		۾ [
TITLE			☐ Delete		ı		•	☐ Chan	ge 🔲 Additio	מ ו	
TITLE					ı					17	
TITLE Delete TITLE NAME Addition CP NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CTY-ST-ZIP Change Addition Addition <td></td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td>-</td> <td></td> <td> <u>ř</u></td>					1			-		<u>ř</u>	
STREET ADDRESS CITY-ST-ZIP Change Addition		,	☐ Delete	TITU				☐ Chan	ge Addition	ء يُزَّ	
CITY-ST-ZIP		•								Ì	
TITLE					I						
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		——→	-	A- 17. AHR	☐ Chan	ge [] Additio	n	
CITY-ST-ZIP				NAM	E						
NAME	•				I					ļ	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Oelete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ORAME STREET ADDRESS CITY-ST-ZIP								Chan	ne 🗀 Additio	<u>, </u>	
STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Addition ITILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP			☐ Delete						gc	"	
TITLE Delete TITLE Change Addition NAME -NAME -NAME <td< td=""><td></td><td></td><td></td><td>STR</td><td>EET ADDRESS</td><td></td><td></td><td></td><td></td><td></td></td<>				STR	EET ADDRESS						
NAME	CITY-ST-ZIP	•		CITY	-ST-ZIP					4	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1.	<u> </u>		☐ Char	nge Additio	n –	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP					- I		•				
NAME STREET ADDRESS CITY-ST-ZIP STEP ST-ZIP STEP ST-ZIP					I						
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITL	E			☐ Char	nge 🔲 Additio	n	
CITY-ST-ZIP CITY-ST-ZIP	NAME										
	Y				l l						
		ertify that the information supplied wi	th this filing does not qualify:			n Section 1	119.07(3)(i), Florida Statutes. I further	certify that t	he information	\dashv	

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: