## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9900002817  1. Entity Name  M D BARNS OF FLORIDA, INC.			FILED Feb 08, 2000 8:00 am Secretary of State	
Principal Place of Business	Mailing Address	<u></u>	02-08-2000 90144 028 ***150.00	
675 OLD BERKLEY RD AUBURNDALE FL 33823	~PO BOX 907~ ~AUBURNDALE-FL 33823-0907	<del></del>		
2. Principal Place of Business	3. Mailing Address 1503 Hubu Suite, Apt. #, etc.	rn Oaks B.	DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc.				
City & State :	fubundale	FL	4. FEI Number 355 7086 Applied Fo	
Zip Country	33823	U.S. A.	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
6. Name and Address of Cur	rent Registered Agent	Name	7. Name and Address of New Registered Agent	
KNAPP, MARY LOU 675 OLD BERKLEY RD AUBURNDALE FL 33823			ss (P.O. Bex Number is Not Acceptable)  Shuburn Va LS Blud	
8. The above named entity submits this statement of the submits th	nDon	HuD	1-20-00	<u>.</u>
9. This corporation is eligible to satisfy its Intan Tax filing requirement and elects to do so. (See criteria on back)	After MAY 1, 200	FEE IS \$150.00 Fee will be \$550.00 to Department of Si		
	AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	Idition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE  President  Author  Kna  STREET ADDRESS  CITY-ST-ZIP  Auburn  A	AKS Blvd. 1 33823	NAME STREET ADDRESS CITY-ST-ZIP	Li Viango Li via	union
TITLE VICE President NAME STREET ADDRESS 675 Old Barkle CITY-ST-ZIP	pld. 33823	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad	dition
TITLE— SPECIFIED TO HOSON STREET ADDRESS CITY-ST-ZIP  STATE TO THE STATE OF THE STA	aks Blud,	TITLE NAME STREET ADDRESS CITY-ST-ZIP		dition
TITLE Mary Low Kna NAME STREET ADDRESS 678 Old Ber K	P(T), Delete ley Rd, 12823	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad	ditioa
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad	dition
indicated on this report or supplemental report to the corporation or the region or trustee changed, or on an attact then with an address.	port is true and accurate and that me	v signature shall have th	n Section 119.07(3)(i), Florida Statutes. I further certify that the informati he same legal effect as if made under oath; that I am an officer or direc 607, Florida Statutes; and that my name appears in Block 11 or Block 1	ctor
SIGNATURE: SIGNATURE AND TYPE	D OR PRINTED NAME OF SIGNING OFFICER O	A DIRECTOR	Date Daytime Phone #	<u> </u>