


2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
May 19, 2000 8:00 am  
Secretary of State  
05-19-2000 90048 026 \*\*\*150.00

DOCUMENT # P99000008324  
Entity Name  
MDR SERVICES, INC

Principal Place of Business  
3514 LANNER DR  
ORLANDO FL 32837

Principal Place of Business  
3514 LANNER DR  
Suite, Apt. #, etc.  
City & State  
ORLANDO, FL  
Zip  
32837 Country  
ORANGE

Mailing Address  
  
DO NOT WRITE IN THIS SPACE

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
4. FEI Number  
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  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	
P RAIMUNDO VELOSO ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP RAIMUNDO VELOSO 13514 LANNER DR ORLANDO, FL, 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS	
T, S. MARCIA VELOSO ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP T, S. MARCIA VELOSO 13514 LANNER DR ORLANDO, FL, 32837 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Well THE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
4-29-00 407251-  
County/Place #

CR2E034 (9/99)