

9/21/01-90002-013-\$650.00-\$650.00

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**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000024421**1. Entity Name  
**MPW OF SOUTH FLORIDA INC.****FILED**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA****01 OCT 29 PM 4:5**Principal Place of Business  
**4301 OAK CIRCLE**  
**SUITE 18**  
**BOCA RATON FL 33431**Mailing Address  
**4301 OAK CIRCLE**  
**SUITE 18**  
**BOCA RATON FL 33431**2. Principal Place of Business  
**5470 NW 41st Way**  
Suite, Apt. #, etc.3. Mailing Address  
**P.O. Box 7083**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Coconut Creek FL**  
Zip  
**33073**  
Country  
**USA**City & State  
**Boca Raton, FL**  
Zip  
**33431**  
Country  
**USA**4. FEI Number  
**65-0412320**Applied For  
☐ Not Applicable5. Certificate of Status Desired  
☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCLANE, JEFFREY G**  
**4301 OAK CIRCLE**  
**SUITE 18**  
**BOCA RATON FL 33431**7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**5470 NW 41st Way**  
City  
**Coconut Creek FL** Zip Code  
**33073**

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when relinquishing)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**MCLANE, JEFFREY G**  
**4301 OAK CR STE 18**  
**BOCA RATON FL 33431** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**MCLANE, JEFFREY G**  
**5470 NW 41st Way**  
**COCONUT CREEK FL 33073** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 the empowered.

SIGNATURE: **SIGNATURE REQUIRED**

Signature, typed or printed name of signing officer or director

Date  
**10/3/01** Daytime Phone #  
**5613933915**

CR2ED34 (5/01)

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