

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 30, 2001 8:00 am
Secretary of State

04-23-2001 90208 032 ***150.00

DOCUMENT # P99000039039

1. Entity Name
MLDA HOLDINGS, INC.

Principal Place of Business
~~950 NORTH COLLIER BOULEVARD~~
~~SUITE 201~~
~~MARCO ISLAND FL 34245~~

Mailing Address
~~950 NORTH COLLIER BOULEVARD~~
~~SUITE 201~~
~~MARCO ISLAND FL 34245~~

see change

see change

47490



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
60 Marco Lake Dr.
 Suite, Apt. #, etc.

3. Mailing Address
60 Marco Lake Dr.
 Suite, Apt. #, etc.

City & State
Marco Island, FL.
 Zip Country
34145 USA

City & State
Marco Lake Dr., Florida
 Zip Country
34145 USA

4. FEI Number **59-3578209**

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

~~OSTROW, STEPHEN R~~
~~950 NORTH COLLIER BOULEVARD~~
~~SUITE 201~~
~~MARCO ISLAND FL 34245~~

see change

Name
Dr. Andrew Guidry
 Street Address (P.O. Box Number is Not Acceptable)
60 Marco Lake Drive
 City
Marco Island FL Zip Code
34145

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]

4/13/01

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2001 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Dr. Andrew Guidry
60 Marco Lake Drive
Marco Island, FL. 34145

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
President
Dr. Andrew Guidry
60 Marco Lake Drive
Marco Island, FL. 34145

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 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 like empowered.

SIGNATURE:

Signature, typed or printed name of signing officer or director

[Signature]

4/13/01

Date

941-394-4111

Daytime Phone #

CR2E034 (10/00)