

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039469

1. Entity Name

MBG LOADER SERVICE, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90211 031 \*\*\*150.00

Principal Place of Business

Mailing Address

1515 CENTRAL AVE.  
 LAKE PLACID FL 33852

1515 CENTRAL AVE.  
 LAKE PLACID FL 33852-5746

2. Principal Place of Business

166 Windy Point Rd.

3. Mailing Address

P. O. Box 1214

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Placid, Florida

City & State

Lake Placid, Florida

4. FEI Number

65-0915813

Applied For

Not Applicable

Zip

Country

Zip

Country

33852

33862-1214

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

HARRIS, BERT J III  
 325 CENTRAL AVE.  
 LAKE PLACID FL 33852

Name

Michael B. Griffin

Street Address (P.O. Box Number is Not Acceptable)

166 Windy Point Road

City

Lake Placid

FL

Zip Code  
 33852

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 Michael B. Griffin  
 Signature, typed or printed name of registered agent and this is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

02/17/00

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	Griffin, Michael B	
STREET ADDRESS	1515 CENTRAL AVE.	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/VP/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Griffin, Michael B.	
STREET ADDRESS	166 Windy Point Road	
CITY-ST-ZIP	Lake Placid, Florida 33852	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Michael B. Griffin  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/17/00  
 Date

863-699-6854  
 Daytime Phone #

CR2E034 (9/99)