

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90065 012 ***150.00

DOCUMENT # P99000039469

1. Entity Name
MBG LOADER SERVICE, INC.



Principal Place of Business
**166 WINDY POINT ROAD
LAKE PLACID FL 33852**

Mailing Address
**P.O. BOX 1214
LAKE PLACID FL 33862**

11006539



2. Principal Place of Business

109 South Jefferson

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Lake Placid FL

City & State

Zip

33852

Country

Highlands

Country

4. FEI Number **65-0915813**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GRIFFIN, MICHAEL B
166 WINDY POINT ROAD
LAKE PLACID FL 33852**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michael B. Griffin
Signature, typed or printed name of registered agent and title if applicable

President
(NOTE: Registered Agent signature required when reinstating)

04/11/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete
NAME **GRIFFIN, MICHAEL B**
STREET ADDRESS **166 WINDY POINT ROAD**
CITY-ST-ZIP **LAKE PLACID FL 33852**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 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

President

04/11/03
Date Daytime Phone #

863-699-6854

CR2E034 (10/02)