

**2000 UNIFORM BUSINESS REPORT (UBR)**

46

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90015 013 \*\*\*158.75

**DOCUMENT # P99000043274**

1. Entity Name

**M.M.S.P.R.B. CORPORATION**

Principal Place of Business

Mailing Address

3830 S. HIGHWAY A1A  
 SUITE C-3  
 MELBOURNE BEACH FL 32951

3830 S. HIGHWAY A1A  
 SUITE C-3  
 MELBOURNE BEACH FL 32951-3145

2. Principal Place of Business

4185 West Lake Mary Blvd.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Mary, FL.

City & State

4. FEL Number

59-3575494

Applied For

Not Applicable

Zip

32746

Country

Seminole

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PASCUCCI, STEVE  
 12526 EARNEST AVE.  
 ORLANDO FL 32837-8

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.

SIGNATURE

Signature, typed or printed name of registered agent and title 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, 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  Delete  
 NAME **D**  
 STREET ADDRESS **MCCOMMON, MITCHELL P**  
 CITY-ST-ZIP **2243 JESSICA LANE**  
**KISSIMMEE FL 34744**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **BAIN, RICHARD A**  
 CITY-ST-ZIP **1012 SPINNAKER WAY**  
**MELBOURNE FL 32935**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **D**  
 STREET ADDRESS **PASCUCCI, STEVE**  
 CITY-ST-ZIP **12526 EARNEST AVE**  
**ORLANDO, FL 32837-8**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

Date

(407) 924-7418

Daytime Phone #

CR2E034 (9/99)