

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066619

1. Entity Name

MBG INVESTMENTS, INC.

Principal Place of Business

Mailing Address

4012 LAUREN CT.  
DESTIN FL 32541

4012 LAUREN CT.  
DESTIN FL 32541-2127

2. Principal Place of Business

865 Hwy 98

Suite, Apt. #, etc.

3. Mailing Address

PO Box 669

Suite, Apt. #, etc.

City & State

Destin Florida

City & State

Destin, FLORIDA

Zip

Country

Zip

Country

32540

4. FEI Number

59-3593010

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

GUNNERSON, ROBERT M  
4012 LAUREN CT.  
DESTIN FL 32541

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D/V/T/S  
GUNNERSON, ROBERT M  
4012 LAUREN CT.  
DESTIN FL 32541



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D/P  
GUNNERSON, MARY BETH  
4012 LAUREN CT.  
DESTIN FL 32541



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



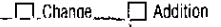
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



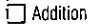
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CITY-ST-ZIP



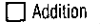
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If this report is  
received on time,  
Please void this check  
(#1902)  
and return it with  
the certificate of status

Rob Gunnerson  
4/30/00

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:

Robert M. Gunnerson, TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 2000

Date

(850)837-4474

Daytime Phone #



DO NOT WRITE IN THIS SPACE