

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2002 8:00 am
Secretary of State

06-06-2002 90084 019 ***550.00

DOCUMENT # P99000066619

1. Entity Name
MBG INVESTMENTS, INC.

Principal Place of Business

**865 HWY 98
 DESTIN FL 32541**

Mailing Address

**PO BOX 668
 DESTIN FL 32540**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3593010**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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. P.O. Box 668~~
DESTIN FL 32541

Name

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

300 SAND MYRTLE TRAIL

City

DESTIN

FL

Zip Code

32541

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, 2002 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 **VPST GUNNERSON, ROBERT M**
 STREET ADDRESS **4012 LAUREN CT.**
 CITY-ST-ZIP **DESTIN FL 32541**

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **P.O. Box 668**
 CITY-ST-ZIP **Destin, FL 32540**

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

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **P.O. Box 668**
 CITY-ST-ZIP **DESTIN, FL 32540**

TITLE ☐ Delete
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 CITY-ST-ZIP

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 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:

Robert M. Gunnerson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 5, 2002

Date

(850) 837-4474

Daytime Phone #

CR2E034 (9/01)