

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

MT BLAND CORP.

899000069731

FILED

02 AUG 12 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

12144 SE 84th Ave

Suite, Apt. #, etc.

3. Mailing Address

12144 SE 84th Ave

Suite, Apt. #, etc.

Bellevue FL

City & State

Bellevue FL

City & State

Zip

Country

34420 USA

Zip

Country

34420 USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Richard A Spahn

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

3442 SE Lakewood Rd

City

Ocala

FL

Zip Code

34471

**DO NOT WRITE  
IN THIS SPACE**

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
MAXWELL BLAND  
12144 SE 84th Ave  
Bellevue FL 34420

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECRETARY  
JULIE BLAND  
12144 SE 84th Ave  
Bellevue FL 34420

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M BLAND

8-5-02 3523074311

Date

Daytime Phone #

CR2E034B (12/01)