

P99000086036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

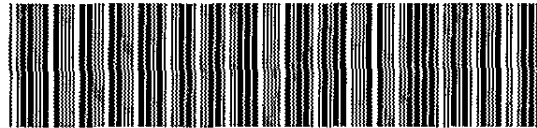
(Document Number)

Certified Copies _____ Certificates of Status _____

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Client asked to have back
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originally came in. 2/7/03 ac
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600011134836

02/06/03--01045--017 **87.50

FILED
02 DEC -5 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

December 12, 2002

MICHAEL PUKLYO
1124 SW 115TH ST.
GAINESVILLE, FL 32607

SUBJECT: MP ENTERPRISES OF NORTH FLORIDA, INC.
Ref. Number: W02000034835

We have received your document for MP ENTERPRISES OF NORTH FLORIDA, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$87.50.

The fee to resign a registered agent is \$87.50 and a form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Anna Chesnut
Document Specialist

Letter Number: 102A00065746

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of
FLORIDA in order to change its registered office or registered agent, or both, in the State
of Florida.

1. The name of the corporation: MP ENTERPRISES OF NORTH FLORIDA, INC.
2. The principal office address: 1124 SW 115 STREET, GAINESVILLE, FL 32607
3. The mailing address (if different): SAME AS ABOVE

4. Date of incorporation/qualification: 9/27/99 Document number: P99000086036

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

TERESA BURKE PUKYLO

1124 SW 115 STREET

GAINESVILLE, FL 32607

6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):

MICHAEL PUKYLO

1124 SW 115 STREET

(P.O. Box or personal mailbox NOT acceptable)

GAINESVILLE, FL 32607

The street address of its registered office and the street address of the business office of its registered
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

Teresa Burke Pukylo
(Signature of an officer, chairman or vice chairman of the board)

TERESA BURKE PUKYLO Director
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as
registered agent. Or, if this document is being filed merely to reflect a change in the registered
office address, I hereby confirm that the corporation has been notified in writing of this change.*

Michael Pukylo
(Signature of Registered Agent)

12/01/02
(Date)

If signing on behalf of an entity:

MICHAEL PUKYLO
(Typed or Printed Name)

DIRECTOR
(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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