

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2003 8:00 am
Secretary of State

06-23-2003 90061 032 ***150.00
07-18-2003 90081 045 ***400.00

DOCUMENT # P99000098365

1. Entity Name
MFT INVESTMENT COMPANY



Principal Place of Business
**1051 CENTRAL PARK DR
SANFORD FL 32771**

Mailing Address
**1051 CENTRAL PARK DR
SANFORD FL 32771**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3609905**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HARRISON, CHARLES R
1400 W. FAIRBANKS AVE., STE. 204
WINTER PARK FL 32789**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HATTON, ERNEST A**
STREET ADDRESS **2717 TETON STONE RUN**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **D** ☐ Delete
NAME **BRADY, TERRY M**
STREET ADDRESS **814 SILK OAK TERR.**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **D** ☐ Delete
NAME **STICKELS, BRUCE T.**
STREET ADDRESS **2416 NEWMARK DR.**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE **D** ☐ Delete
NAME **KROL, ALAN J**
STREET ADDRESS **824 W. CHARING CROSS CIR.**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2460 BOSWELL ST.**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **753 SUMMERLAND DR.**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-03

407 688-9600

CR2034 (10/02)