

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099271

1. Entity Name

MVP PROPERTY MANAGEMENT SERVICES

FILED

00 MAR 29 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

3501 WEST VINE ST

3. Mailing Address

14805 SUGURA DRIVE

Suite, Apt. #, etc.

SUITE 504

Suite, Apt. #, etc.

City & State

KISSIMEE FL

City & State

WINTER GARDEN FL

Zip

347

Country

US

Zip

34787

Country

US

4. FEI Number

593629830

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAROL HANSON
14446 PALOS PL
WINTER GARDEN
FL 34787

7. Name and Address of New Registered Agent

Name
MR GEOFFREY L SINKER
Street Address (P.O. Box Number is Not Acceptable)
14805 SUGURA DRIVE
City
WINTER GARDEN FL Zip Code
34787

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

G. Sinker

03/22/00

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. DIRECTORS OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MR GEOFFREY SINKER ☐ Delete
14805 SUGURA DRIVE
WINTER GARDEN
FL 34787

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR ☐ Delete
LYNETTE SINKER
14805 SUGURA DRIVE
WINTER GARDEN FL 34787

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200003195742--4
-04/04/00--01088--022
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200003195742--4
-04/04/00--01088--023
*****8.75 *****8.75

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

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

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

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

KE

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: GEOFFREY SINKER G. Sinker LYNETTE SINKER L. Sinker 3/22/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407 238 4531

CR2E034 (9/99)