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Change

Addition

2001 UNIFORM BUSINESS REPORT (UBR)					FILED Sep 13, 2001 8:00 am Secretary of State			0108693
DOCUN 1. Entity Name MVP T'S, II	1	00102025	/		Secretary (of Stat 37 ***150.00	e)	Ą
Principal Place of Business Mailing Address 1654 HAMMOND BOULEVARD 1654 HAMMOND BOULEVARD JACKSONVILLE FL 32221 JACKSONVILLE FL 32221			RD					
2. Principal Place of Business 7 (57 103 CM 5). Suite, Apt. #, etc. 3. Mailing Address 5 cm 6 Suite, Apt. #, etc.							1441 AHI 1841	
City & State	onville, Fl. 🐼	City & State		4.	4. FEI Number 36-4329128 Applied For Not Applicable			
<u>Zip</u> <u> </u>	Country Duval	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add		
	6. Name and Address of Curren	t Registered Agent		7. 1	Name and Address of New Registe			
BIROSCHIK, DONALD L 1270 TAHOE COURT ORANGE COURT FL 32065			Name Street Ad	Name Street Address (P.O. Box Number is Not Acceptable)				
ON THE C	OUNI PL 32003		City			FL Zip Cod	e	
SIGNATURE	named entity submits this statement in a statement	e FILE NOW!	:: Registered Agent signatu	ire required when r		ντΕ \$5. Ω	0 May Be	\ \ \ \
Tax filing requirement and elects to do so. (See criteria on back)			After September 12, 2001 Fee will be \$750. Make Check Payable to Department of Sta		Trust Fund Contribution.		to Fees	
11.	OFFICERS AND	DIRECTORS	12.	AC	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	1_
NAME STREET ADDRESS	D Howell, Bradley G 1654 Hammond Boulevard Jacksonville FL 32221	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	CR2E034 (5/01
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition]5
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition-	=
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	

CITY-ST-ZIP

STREET ADDRESS

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.

TITLE

NAME

☐ Delete

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS Attachment 978464 #199000109095 9-10-01

To Florida Dept. of State Actual Business address Bradley G. Howe " Rashle Howe 7657 103 Fd St. Jacksnoille, F1 32210