2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S48881 **DOCUMENT #**

1. Entity Name

MEDIUME DADIZED DEALTY INC



FILED Feb 12, 2003 8:00 am Secretary of State 02-12-2003 90096 029 ***150.00

MEKLINE	PARRER REALIT, INC.			9						
Principal Plac 636 FIRST ST WINTER HAVE	reet south	Mailing Address 636 FIRST STREET SOUTH WINTER HAVEN FL 33880								
2. Principal P	lace of Business	3. Mailing Ad	3. Mailing Address				† 11 01 110 1 6101 1101	i billii 1 11	iii bibii 1801	
Suite, Apt.	#, etc.	Suite, Apt	Suite, Apt. #, etc.			CHECK HERE II	MAKING CHAN	NGES		
City & State		City & Star	te		KO-GORGONS			olied For Applicable]	
Zip Country		Zip Cou		untry	5. Certificate of Status Desired			\$9.75 Additional		
6. Name and Address of Curre		nt Registered Agent			7. Name and Address of		w Registered Agent			
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PARKER, MERLINE 636 1ST STREET SOUTH				Street Address (P.O. Box Number is Not Acceptable)						
	PARK FL 33880						V# AP 1			1
				City			FL Zi	p Code	· · · · · · · · · · · · · · · · · · ·	1
	named entity submits this statemen	t for the purpose of	changing its regist	tered office or regis	stered agent, or both	, in the State of Flor	ida. I am familiai	r with, a	ind accept	1
the obligat	ions of registered agent.									Ì
SIGNATURE .	Signature, typed or printed name of registered as	gent and title if applicable.	(NOTE: Regist	tered Agent signature requ	uired when reinstating)		DATE			
, After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Republic to Florida Penastmen			1	ction Campaign Fina st Fund Contribution	ancing	\$5.06 Added	May Be to Fees		
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECT				1.	ADDITIONS/	CHANGES TO OFFI	CERS AND DIRE	CTORS	IN 11	ł
TITLE	D	<u>-</u> _		TITLE			□ CI		Addition	Ś
NAME	PARKER, MERLINE			NAME						4
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

PED OR PRINTED NAME OPSIGNING OFFICER ON DIRECT

2-10.03

Daytime Phone #