

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90031 004 ***150.00

DOCUMENT # V044760

1. Entity Name

M.P.S.I., INC.

DO NOT WRITE IN THIS SPACE

425245

2. Principal Place of Business

11058 63 AVE. N.

3. Mailing Address

11058 63 AVE N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SEMINOLE, FLA

City & State

SEMINOLE, FL

4. FEI Number

650352568

Applied For

☐ Not Applicable

Zip

33772

Country

PINELLAS

Zip

33772

Country

PINELLAS

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CULBERTSON THEODORE R. ESQUIPE

Street Address (P.O. Box Number is Not Acceptable)

1122 BROWNELL STREET

City

CLEARWATER

FL

Zip Code

34616

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

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)**



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Department of State

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<u>P</u>
NAME	<u>GUGLIETTI, PHILIP J.</u>
STREET ADDRESS	<u>11058 63 AVE N</u>
CITY - ST - ZIP	<u>SEMINOLE, FL 33772</u>
TITLE	<u>VP</u>
NAME	<u>GUGLIETTI, JOANN</u>
STREET ADDRESS	<u>1250 EAST 113 AVE N B202</u>
CITY - ST - ZIP	<u>TAMPA FL</u>
TITLE	<u>ST</u>
NAME	<u>GUGLIETTI, PHILIP J</u>
STREET ADDRESS	<u>11058 63 AVE N</u>
CITY - ST - ZIP	<u>SEMINOLE, FL 33772</u>
TITLE	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

PHILIP J. GUGLIETTI

2/28/02 727 397 6937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)