

**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 # V04470
1. Entity Name
M.P.S.I., INC.

DO NOT WRITE IN THIS SPACE

425245

2. Principal Place of Business <u>11058 63 AVE. N.</u> Suite, Apt. #, etc.	3. Mailing Address <u>11058 63 AVE N</u> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <u>SEMINOLE, FLA</u>	City & State <u>SEMINOLE, FL</u>	4. FEI Number <u>650352568</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33772</u>	Country <u>PINELLAS</u>	Zip <u>33772</u>	Country <u>PINELLAS</u>
		5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P GUGLIETTI, PHILIP J. 11058 63 AVE N SEMINOLE, FL 33772</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP GUGLIETTI, JOANN 1250 EAST 113 AVE N B202 TAMPA FL</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ST GUGLIETTI, PHILIP J 11058 63 AVE N SEMINOLE, FL 33772</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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)