

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F75248

FILED
Jul 18, 2002
Secretary of State

Entity Name: MARKET-SERV MANAGEMENT, INCORPORATED

Current Principal Place of Business:

4902 16TH AVE SOUTH #D
TAMPA, FL 336197546 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2687
BRANDON, FL 335092687 US

New Mailing Address:

FEI Number: 59-2181217 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOORE, DIANE LOUISE
503 APACHE TRAIL
BRANDON, FL 33511

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: MOORE, DIANE LOUISE,
Address: 503 APACHE TRAIL
City-St-Zip: BRANDON, FL 00000,

Title: PD () Delete
Name: MOORE, WILLIAM CLAY,
Address: 503 APACHE TRAIL
City-St-Zip: BRANDON, FL 00000,

Title: W () Delete
Name: MOORE, W. CLAY
Address: 2215 RAY ROAD
City-St-Zip: VALRICO, FL 33594

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: MOORE, DIANE LOUISE,
Address: 503 APACHE TRAIL
City-St-Zip: BRANDON,, FL 33511

Title: PD (X) Change () Addition
Name: MOORE, WILLIAM CLAY,
Address: 503 APACHE TRAIL
City-St-Zip: BRANDON, FL 33511

Title: W (X) Change () Addition
Name: MOORE, W. CLAY
Address: 2215 RAY ROAD
City-St-Zip: VALRICO, FL 33594

Title: VP () Change (X) Addition
Name: PUCKETT, JAMES H.,
Address: 4333 LOTT AVENUE
City-St-Zip: PLANT CITY, FL 33567

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE L. MOORE

VP

07/18/2002

Electronic Signature of Signing Officer or Director

_____ Date