

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90854 033 ***150.00

DOCUMENT # J52019

1. Entity Name
MSPR, INC.



Principal Place of Business
PANAMA CITY BEACH
11826 FRONT BEACH RD.
PANAMA CITY BEACH FL 32407-3602
US

Mailing Address
P O BOX 15669
PANAMA CITY FL 32406
US



2. Principal Place of Business
11826 Front Beach Rd
Suite, Apt. #, etc.

3. Mailing Address
PO Box 15669
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Panama City Beach FL
Zip
32407-3602
Country
Bay

City & State
Panama City FL
Zip
32406
Country
Bay

4. FEI Number
59-2768289

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

EUBANK, MARY SUE
1260 W BEACH DR
P O BOX 15669
PANAMA CITY FL 32406

7. Name and Address of New Registered Agent

Name
MARY SUE EUBANK
Street Address (P.O. Box Number is Not Acceptable)
1260 W. Beach Dr PO Box 15669
City
PANAMA CITY FL Zip Code
32406

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PVPT	☐ Delete
NAME	EUBANK, MARY SUE	
STREET ADDRESS	P O BOX 15669	
CITY-ST-ZIP	PANAMA CITY FL 32406	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: **SIGNATURE REQUIRED** *Mary Sue Eubank* **11/8/03** **850 785 6089**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)