

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90120 048 ***150.00

DOCUMENT # P02000039480

1. Entity Name
MSBR ENTERPRISES, INC.



Principal Place of Business
**176 CITATION COURT
LAKE MARY FL 32746**

Mailing Address
**176 CITATION COURT
LAKE MARY FL 32746**



2. Principal Place of Business

4268 L.B. McLeod RD.

Suite, Apt. #, etc.

3. Mailing Address

4268 L.B. McLeod RD

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

01-0723031

Applied For

Not Applicable

Zip

32811

Country

USA

Zip

32811

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAPKO, ROBERT J
176 CITATION COURT
LAKE MARY FL 32746**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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 **DPD** ☐ Delete
NAME **HARRISON, WILLIAM S**
STREET ADDRESS **176 CITATION COURT**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **COD** ☐ Delete
NAME **SISLEY, BRAD**
STREET ADDRESS **1319 PLEASANT RIDGE PL**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **VD** ☒ Delete
NAME **XU, MING**
STREET ADDRESS **3663 SALEM WALK #A1**
CITY-ST-ZIP **NORTH BROOK IL 60062**

TITLE **VD** ☐ Delete
NAME **REYNOLDS, RICK**
STREET ADDRESS **234 ACACIA ROAD**
CITY-ST-ZIP **DEBARY FL 32713**

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

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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: *William S. Harrison*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-02

407-487-0866

Date

Daytime Phone #

CR2E034 (10/02)