

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000008883

1. Entity Name
MSRB-MV, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90080 036 ***150.00

Principal Place of Business
P.O. BOX 560939
ROCKLEDGE FL 32956-0939

Mailing Address
P.O. BOX 560939
ROCKLEDGE FL 32956-0939



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3166085

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HONEYCUTT, MISSTY D
1810 LONG IRON DR
#308
VIERA FL 32955

LAWRENCE BLUNK

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

1257 CREEK SIDE CIRCLE

ROCKLEDGE, FL 32955

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: *Lawrence Blunk* PRESIDENT LAWRENCE BLUNK, PRES. 3/22/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BLUNK, LAWRENCE W	
STREET ADDRESS	1810 LONG IRON DR, #308	
CITY-ST-ZIP	VIERA FL 32955	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TUBBS, PATRICK A	
STREET ADDRESS	1304 AVALON DR	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VT	<input type="checkbox"/> Delete
NAME	HONEYCUTT, MISSTY D	
STREET ADDRESS	1810 LONG IRON DR, #308	
CITY-ST-ZIP	VIERA FL 32955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUNK, LAWRENCE W	
STREET ADDRESS	1257 CREEK SIDE CIRCLE	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V. PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONEYCUTT, MISSTY D	
STREET ADDRESS	1257 CREEK SIDE CIRCLE	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Misty Honeycutt* MISSTY HONEYCUTT V.P. 3/22/00 321-633-4802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/99)