

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F35264

1. Entity Name

MANUFACTURING SERVICES, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90058 036 ***150.00

Principal Place of Business

Mailing Address

709 EDGE ST
FT. WALTON BEACH FL 32547-2903

709 EDGE ST
FT. WALTON BEACH FL 32547-2903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2109481

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

THOMASON, JOHN N.
1 CINDERELLA COURT
FT WALTON BEACH FL 32547

Name Rosalinda O. Thomason

Street Address (P.O. Box Number is Not Acceptable)
1857 Laurel Oaks Court

City Fort Walton Beach **FL** Zip Code 32547

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

Rosalinda O. Thomason PD

02/21/00

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 ☐ Delete
NAME PD
STREET ADDRESS THOMASON, JOHN N.
CITY-ST-ZIP 1 CINDERELLA COURT
FT WALTON BCH FL

TITLE ☒ Change ☐ Addition
NAME PD
STREET ADDRESS THOMASON, ROSALINDA O.
CITY-ST-ZIP 1857 LAUREL OAKS COURT
FT WALTON BEACH FL 32547

TITLE ☐ Delete
NAME STD
STREET ADDRESS THOMASON, ROSALINDA O.
CITY-ST-ZIP 1 CINDERELLA COURT
FT WALTON BCH FL

TITLE ☒ Change ☐ Addition
NAME STD
STREET ADDRESS THOMASON, JOHN N.
CITY-ST-ZIP 1857 LAUREL OAKS COURT
FT WALTON BEACH FL 32547

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Rosalinda O. Thomason Rosalinda O. Thomason

02/21/00 (850) 864-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)