

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90018 040 ***150.00

DOCUMENT # J14769

1. Entity Name
MSM CONSULTANTS INC.

Principal Place of Business
**C/O MOHAN S. MANE
 2937-A LICHEN LANE
 CLEARWATER FL 34620**

Mailing Address
**C/O MOHAN S. MANE
 2937-A LICHEN LANE
 CLEARWATER FL 34620**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

4. FEI Number **59-2727381**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MANE, MOHAN S.
 2937-A LICHEN LANE
 CLEARWATER FL 33520**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANE, MOHAN S. 2937-A LICHEN LANE CLEARWATER FL 33520	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED** Date: **JULY 6, 2000** Daytime Phone # _____

CR2E034 (5/00)

J14769

ADD077

MSM

PRODUCTIVITY
THRU PEOPLE

MSM CONSULTANTS INC.

2937 A Lichen Lane
Clearwater, Florida 34620 33760
(813) 539-6884
727

JULY 7, 2000

DIVISION OF CORPORATIONS
P.O. Box 6327
TALLAHASSEE, FL 32314

SUBJECT: FEES FOR 2000 BUSINESS REPORT '2ND NOTICE'

DEAR SIR,

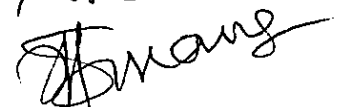
I HAVE RECEIVED THE SECOND NOTICE FOR
FILING THE BUSINESS REPORT, EVEN THOUGH YOUR
RECORDS SHOWED THAT I HAD ALREADY FILED THE
REPORT IN JANUARY. HOWEVER, THE REPORT WAS
RETURNED TO ME, BECAUSE THE CHECK WAS LOST,
ON FEB 10, 2000. THIS WAS NOT RECEIVED BY ME.

WHEN I TALKED TO MS JANICE AT YOUR
OFFICE, ~~AS~~ SHE SUGGESTED TO WRITE THIS
LETTER AND INCLUDE ANOTHER CHECK FOR
\$ 150.00 INSTEAD OF \$550.00 EXPLAINING THE
LOSS OF CHECK. I ALSO WOULD LIKE TO
MENTION HERE THAT I HAVE BEEN REGULAR
IN FILING MY REPORT IN THE PAST.

I APOLOGIZE FOR THE INCONVENIENCE
AND HOPE YOU WILL ACCEPT THE ~~FEES~~ CHECK
FOR \$ 150.00

THANK YOU

YOURS TRULY



MOHAN S. MANI