

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L95000000575**

1. Entity Name

MS CONSULTING GROUP, L.C.

FILED

00 JAN 28 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

13000 SAWGRASS VILLAGE CIRCLE
#36A
PONTE VEDRA BEACH FL 33082

Mailing Address

3948 SOUTH THIRD STREET
SUITE 191
JACKSONVILLE BEACH FL 32250-5847

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3337039

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REED, GEORGE R

**13000 SAWGRASS VILLAGE CIRCLE #36
PONTE VEDRA BEACH FL 32082**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MEM**
STREET ADDRESS **REED, GEORGE R**
CITY-ST-ZIP **13000 SAWGRASS VILLAGE CIRCLE #36
PONTE VEDRA BEACH FL 32082**

TITLE ☐ Change ☐ Addition
NAME **300003121089**
STREET ADDRESS **-02/02/00--01082-022**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE ☐ Delete
NAME **MEM**
STREET ADDRESS **REED, LOREE M**
CITY-ST-ZIP **13000 SAWGRASS VILLAGE CIRCLE #36
PONTE VEDRA BEACH FL 32082**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Loree Reed **Loree Reed**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/26/00

Date

904-285-3239

Daytime Phone #