

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90097 005 ****50.00

DOCUMENT # L95000000693

1. Entity Name

MRI SERVICES, L.C.

Principal Place of Business

~~2019 W. BRISTOL AVENUE~~
~~#104~~
~~TAMPA FL 33609~~

Mailing Address

P.O. BOX 1186
TAMPA FL 33601

2. Principal Place of Business

6449 38th Ave. N.

Suite, Apt. #, etc.

Sta E-3

3. Mailing Address

Suite, Apt. #, etc.

City & State

St. Petersburg FL

Zip

33710

Country

USA

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3344289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCOSKRIE, JOHN H
4914 N. ARMENIA AVENUE
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

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

6449 38th Ave N. Sta E-3

City

St. Petersburg

FL

Zip Code

33710

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **MCCOSKRIE, JOHN H**
STREET ADDRESS **P.O. BOX 1186 N/A**
CITY-ST-ZIP **TAMPA FL 33601**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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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:

John H. McCoskrie
John H. McCoskrie

2/27/02 (727) 347-5647

Date

Daytime Phone #

CR2E083 (9/01)