

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90074 015 ***150.00

DOCUMENT # M65599

1. Entity Name
MSM DIRT SERVICES, INC.

Principal Place of Business
**3355 CLAIRE LN.
 APT 513
 JACKSONVILLE FL 32223**

Mailing Address
**3355 CLAIRE LN.
 APT 513
 JACKSONVILLE FL 32223**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2716 PHEASANT CT.W.
 Suite, Apt. #, etc.

3. Mailing Address
2716 PHEASANT CT.W.
 Suite, Apt. #, etc.

City & State
JACKSONVILLE FL.
 Zip
32259 Country
USA

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JACKSONVILLE FL.
 Zip
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4. FEI Number **59-2868012** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MCCOLSKEY, MARK S.
 10634 HEARTHSTONE DR.
 JACKSONVILLE FL 32223**

7. Name and Address of New Registered Agent
 Name **MARK S. MCCOLSKEY**
 Street Address (P.O. Box Number is Not Acceptable)
2716 PHEASANT CT.W.
 City **JACKSONVILLE** FL Zip Code **32259**

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 **Mark S. McColskey**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE) Registered Agent signature required when reinstating.

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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete MCCOLSKEY, MARK S. 10634 HEARTHSTONE DR. JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete MCCOLSKEY, PAULA J. 10634 HEARTHSTONE DR. JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition MARK S. MCCOLSKEY 2716 PHEASANT CT.W. JACK, FL. 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition PAULA J. MCCOLSKEY 2716 PHEASANT CT.W. JACK, FL. 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: **Mark S. McColskey**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01
 Date

904/994-4680
 Daytime Phone #

CR2E034 (10/00)