

2002 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 24, 2002 8:00 am
Secretary of State

03-29-2002 90205 032 ****61.25

DOCUMENT # NO1000002772

1. Entity Name

THE FLORIDA MS CENTER, INC.

Principal Place of Business

Mailing Address

C/O ROBIN WILLIAMS
 616 AZALEA LANE
 VERO BEACH FL 32963

C/O ROBIN WILLIAMS
 616 AZALEA LANE
 VERO BEACH FL 32963

29084



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2614 Cardinal Drive
 Suite, Apt. #, etc.

2614 CARDINAL DRIVE
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1103696

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

Name

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

City

FL

Zip Code

TIERNEY, THOMAS W
5070 NORTH HWY A-1-A
STE 200
VERO BEACH FL 32963

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 \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robin W. Williams President + Director 2614 CARDINAL DRIVE VERO BEACH, FL 32963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER + DIRECTOR Andrew W. Williams 2614 CARDINAL DRIVE VERO BEACH FL 32963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY + DIRECTOR Thomas W. Tierney 5070 NORTH HWY A-1-A Suite 200 VERO BEACH FL 32963	<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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CFR2037 (9/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew W. Williams
Andrew W. Williams, TREAS

2/28/02

561-299-7633
 Daytime Phone #