2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P0000002643 **DOCUMENT #**

1. Entity Name 3MS, INC.



FILED Feb 27, 2003 8:00 am Secretary of State

02-27-2003 90120 017 ***150.00

Principal Place of 5517 22ND STREE BRADENTON FL 3	et court east	Mailing Address 5517 22ND STR BRADENTON FL	EET COURT EAST	· · · · · · · · · · · · · · · · · · ·	
2. Principal Place of Business		3. Mailing Addre	ss		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	s
City & State		City & State		0.7037.0402	Apr Vot
Zip	Country	Zip	Country	5. Certificate of Status Desired See Requir	

FROELICH, JOHN M 5517 22ND STREET COURT EAST **BRADENTON FL 34203**

7. Name and Address of New Registered Agent						
Name	=.					
Street Address (P.O. Box Number is Not Acceptable)						
Chr		Г ж. о .				
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. I am familiar with, and accept

SIGNATURE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

back Payable to Elerida Dena

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

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For Not Applicable

.75 Additional

make onco								
10. OFFICERS AND DIRECTORS		RS	11. AD		DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROELICH, JOHN M 5517 22ND STREET COURT EAST BRADENTON FL 34203	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

Addition