

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jun 23, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000008837**1. Entity Name  
MYSOC, INC.

## Principal Place of Business

6189 - 97TH COURT SOUTH

BOYNTON BEACH  
33437

FL

## Mailing Address

6189 - 97TH COURT SOUTH

BOYNTON BEACH  
33437

FL

## 2. Principal Place of Business

7517 PRESCOTT LANE

## 3. Mailing Address

P.O. BOX 740252

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

LAKE WORTH

FL

## City &amp; State

BOYNTON BEACH

FL

## Zip

33467

## Country

US

## Zip

33474

## Country

US

## 4. FEI Number

☒ Applied For☐ Not Applicable

## 5. Certificate of Status Desired

☒**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

O'CONNELL DAWN  
6189 - 97TH COURT SOUTHBOYNTON BEACH  
33437

FL

US

## 7. Name and Address of New Registered Agent

## Name

CEDERLUND JERRY P

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

7517 PRESCOTT LANE

## City

LAKE WORTH

FL

## Zip Code

33467

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 **JERRY P. CEDERLUND****06/23/2001**

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          | STD                     | <input type="checkbox"/> Delete |
| NAME           | O DAWN                  |                                 |
| STREET ADDRESS | 6189 - 97TH COURT SOUTH |                                 |
| CITY-ST-ZIP    | BOYNTON BEACH FL 33437  |                                 |
| TITLE          | VPD                     | <input type="checkbox"/> Delete |
| NAME           | SMITH MICHAEL           |                                 |
| STREET ADDRESS | 105 OLYMPUS CIRCLE      |                                 |
| CITY-ST-ZIP    | JUPITER FL 33477        |                                 |
| TITLE          | PD                      | <input type="checkbox"/> Delete |
| NAME           | LUND JERRY C            |                                 |
| STREET ADDRESS | 7517 PRESCOTT LANE      |                                 |
| CITY-ST-ZIP    | LAKE WORTH FL 33467     |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | STD                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | O'CONNELL DAWN          |  |
| STREET ADDRESS | 6189 - 97TH COURT SOUTH |  |
| CITY-ST-ZIP    | BOYNTON BEACH FL 33437  |  |
| TITLE          | VPD                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | O'CONNELL JOHN          |  |
| STREET ADDRESS | 6189 97TH COURT SOUTH   |  |
| CITY-ST-ZIP    | BOYNTON BEACH FL 33437  |  |
| TITLE          | PD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | CEDERLUND JERRY C       |  |
| STREET ADDRESS | 7517 PRESCOTT LANE      |  |
| CITY-ST-ZIP    | LAKE WORTH FL 33467     |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

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: **JOHN O'CONNELL**

VPD

06/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)