

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90065 030 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000057499

1. Entity Name
MSB INVESTMENTS, INC.

Principal Place of Business
355-1 PRESTWICK CIRCLE
PALM BEACH GARDENS FL 33418

Mailing Address
355-1 PRESTWICK CIRCLE
PALM BEACH GARDENS FL 33418

2. Principal Place of Business
4420 Beacon Circle
Suite, Apt. #, etc.
100

3. Mailing Address
4420 Beacon Circle
Suite, Apt. #, etc.
100

City & State
West Palm Beach, Florida
Zip
33407
Country
U.S.A.

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West Palm Beach, Florida
Zip
33407
Country
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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

EAVENSON, BRAD ESQ
4420 BEACON CIRCLE SUITE 100
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

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

SIGNATURE _____ 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete
P/D BRAD EAVENSON 4420 BEACON CIRCLE, SUITE 100 WEST PALM BEACH, FL 33407	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete
	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete
	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete
	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete
	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition
	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition
	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition
	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition
	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition
	<input type="checkbox"/>	<input type="checkbox"/>

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: Brad Eavenson, President **01/03/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)