

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000103058

FILED
Jan 09, 2002
Secretary of State

Entity Name: MSOI ENTERPRISES, INC.

Current Principal Place of Business:

7575 U.S. HWY 441
OCALA, FL 34480

New Principal Place of Business:

5053 S.E. ABSHIER BLVD
SUITE #222
BELLEVIEW, FL 34420

Current Mailing Address:

5053 S.E. ABSHIER BLVD.
BLDG. 2 #222
BELLEVIEW, FL 34420

New Mailing Address:

FEI Number: 59-3704568 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AMERINE, RON
7575 S. HWY 441
UNIT #64
OCALA, FL 34480

Name and Address of New Registered Agent:

DEWITT, GERALD
2801 S.W. 20TH STREET
UNIT #103
OCALA, FL 34474

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: GERALD DEWITT

01/09/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMOLENSKI, SUSAN M
Address: 7974 SAILBOAT KEY BLVD. SUITE 703
City-St-Zip: ST. PETERSBURG, FL 33707

Title: D () Delete
Name: DEWITT, ELISA B
Address: 12700 SOUTH HIGHWAY 441
City-St-Zip: BELLEVIEW, FL 34420

Title: D () Delete
Name: DEWITT, GEREYMY G
Address: 12700 SOUTH HIGHWAY 441
City-St-Zip: BELLEVIEW, FL 34420

Title: D () Delete
Name: DEWITT, KRISTEN M
Address: 12700 SOUTH HIGHWAY 441
City-St-Zip: BELLEVIEW, FL 34420

Title: P () Delete
Name: SMOLENSKI, DANIEL J
Address: 12710 S. US HWY 441
City-St-Zip: BELLEVIEW, FL 34420

Title: VPS () Delete
Name: SMOLENSKI, SUSAN M
Address: 12710 S. US HWY 441
City-St-Zip: BELLEVIEW, FL 34420

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL J. SMOLENSKI

P

01/09/2002

Electronic Signature of Signing Officer or Director

Date