

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90153 029 \*\*\*158.75

DOCUMENT # P00000103058

1. Entity Name  
MSOI ENTERPRISES, INC.



Principal Place of Business  
5053 S.E. ABSHIER BLVD  
SUITE #222  
BELLEVUE FL 34420

Mailing Address  
5053 S.E. ABSHIER BLVD.  
BLDG. 2 #222  
BELLEVUE FL 34420



2. Principal Place of Business  
12676 So. US HWY 441

3. Mailing Address  
P.O. Box 300

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
Bellevue, FL

City & State  
Summer Field, FL

4. FEI Number 59-3704568

Applied For  
Not Applicable

Zip Country  
34420 Marion

Zip Country  
34492 Marion

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

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

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SMOLENSKI, SUSAN M	
STREET ADDRESS	7974 SAILBOAT KEY BLVD. SUITE 703	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEWITT, ELISA B	
STREET ADDRESS	12700 SOUTH HIGHWAY 441	
CITY-ST-ZIP	BELLEVUE FL 34420	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEWITT, GERMANY G	
STREET ADDRESS	12700 SOUTH HIGHWAY 441	
CITY-ST-ZIP	BELLEVUE FL 34420	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEWITT, KRISTEN M	
STREET ADDRESS	12700 SOUTH HIGHWAY 441	
CITY-ST-ZIP	BELLEVUE FL 34420	
TITLE	P	<input type="checkbox"/> Delete
NAME	SMOLENSKI, DANIEL J	
STREET ADDRESS	12710 S. US HWY 441	
CITY-ST-ZIP	BELLEVUE FL 34420	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SMOLENSKI, SUSAN M	
STREET ADDRESS	12710 S. US HWY 441	
CITY-ST-ZIP	BELLEVUE FL 34420	

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

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan M. Smolenski	
STREET ADDRESS	12700 So. US HWY 441	
CITY-ST-ZIP	Bellevue, FL 34420	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel J. Smolenski	
STREET ADDRESS	12700 So. US HWY 441	
CITY-ST-ZIP	Bellevue, FL 34420	
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan M. Smolenski	
STREET ADDRESS	12700 So. US HWY 441	
CITY-ST-ZIP	Bellevue, FL 34420	

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 changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: Daniel J. Smolenski  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/27/03 352-347-7620  
Date Daytime Phone #

CR2E034 (10/02)