

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90160 034 ***158.75

DOCUMENT # **PO10000007873** ✓

1. Entity Name

**MCS Consulting and Investigative
Service**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1101 SUSSEX DRIVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 771298

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

N. Lauderdale FL

Zip

33068

Country

USA

City & State

Coral Springs FL

Zip

33077

Country

USA

4. FEI Number

65-1081554

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Michael Slusher

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

1101 SUSSEX DRIVE

City

N. Lauderdale FL

Zip Code

33068

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

Michael C. Slusher

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

(NOTE: Registered Agent signature required when reinstating)

3/29/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	P
NAME	Michael Slusher
STREET ADDRESS	1101 SUSSEX DR
CITY - ST - ZIP	N. Lauderdale, FL 33068
TITLE	V
NAME	ELYSA Slusher
STREET ADDRESS	1101 SUSSEX DRIVE
CITY - ST - ZIP	N. Lauderdale, FL 33068
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael C. Slusher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/02

Date

954-257-0059

Daytime Phone #

CR2E034B (12/01)