

# 2002 UNIFORM BUSINESS REPORT (UBR)

7/1

**FILED**  
**Jul 31, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90131 033 \*\*\*150.00  
 07-31-2002 90092 005 \*\*\*408.75

**DOCUMENT # P01000036180**

1. Entity Name  
**MCSH, INC.**

Principal Place of Business  
**344 COUNTRY CLUB DRIVE  
 OLDSMAR FL 34677**

Mailing Address  
**344 COUNTRY CLUB DRIVE  
 OLDSMAR FL 34677**

**B0133045**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

**03-0458043**

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HICKS, ZAFU T  
 344 COUNTRY CLUB DRIVE  
 OLDSMAR FL 34677**

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

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

(NOTE: Registered Agent signature required when re-issuing)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **P.C.**  
 STREET ADDRESS **MARLIN HICKS**  
 CITY-ST-ZIP **344 COUNTRY CLUB DR**  
**OLDSMAR FL 34677**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **V. M.**  
 STREET ADDRESS **ZAFU HICKS**  
 CITY-ST-ZIP **344 COUNTRY CLUB DR**  
**OLDSMAR FL 34677**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **T.S.D.**  
 STREET ADDRESS **BEATRICE WILLIAMS**  
 CITY-ST-ZIP **675 10TH AVE N.**  
**SAFETY HARBOR FL 34695**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **NSA/NAT'D REQ'D**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-12-02** **(813) 855-1308**  
 Date Daytime Phone #

CR2E034 (4/02)

Attachment PO1000036180

MCSH Inc.  
344 Country Club Drive  
Oldsmar, Fl 34677

June 12, 2002

To Whom It May Concern,

My family and I started a corporation in April of 2001. This is our first time starting a corporation and are unfamiliar procedures that we need to follow, such as yearly fees and the year business report. I call Tallahassee and spoke to a (Rep) who told us to send in a check in the amount of (\$150.00) and write a letter explaining why our fees were not paid. Please except the initial amount requested.

Thank You

*Bepi Hines*