

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90076 022 ***550.00

CR2E034 (4/03)

DOCUMENT # P01000062167

1. Entity Name
MCS, INC.



Principal Place of Business
**1205 HILLSBORO MILE 303
HILLSBORO BEACH FL 33062**

Mailing Address
**1205 HILLSBORO MILE 303
HILLSBORO BEACH FL 33062**

2. Principal Place of Business

3. Mailing Address

7647 Doubleton Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Delray Beach FL

City & State

4. FEI Number **65-1120059**

Applied For

Not Applicable

Zip Country
33446 Palm Beach

Zip Country
USA

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HANDERHAN, PAUL
1208 HILLSBORO MILE STE 303
POMPANO BEACH FL 33062**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/03

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **HANDERHAN, PAUL**
STREET ADDRESS **1205 HILLSBORO MILE STE. 303**
CITY-ST-ZIP **HILLSBORO BEACH FL 33062**

TITLE **President** ☒ Change ☐ Addition
NAME **Paul Handerhan**
STREET ADDRESS **7647 Doubleton Drive**
CITY-ST-ZIP **Delray Beach FL 33446**

TITLE **SEV** ☒ Delete
NAME **WEST, RAY B**
STREET ADDRESS **1205 HILLSBORO MILE #303**
CITY-ST-ZIP **HILLSBORO BEACH FL 33062**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 empowered.

SIGNATURE: **[Signature]** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/15/03

954 255 8797