

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90035 049 ***158.75

DOCUMENT # P01000085738

1. Entity Name
MS CONCEPT SOLUTIONS, INC.

Principal Place of Business
**4316 NORTHWEST 71ST DRIVE
CORAL SPRINGS FL 33065**

Mailing Address
**4316 NORTHWEST 71ST DRIVE
CORAL SPRINGS FL 33065**

2. Principal Place of Business
7511 SW 1st St
Suite, Apt. #, etc.

3. Mailing Address
7511 SW 1st St
Suite, Apt. #, etc.

City & State
Margate, FL
Zip
33068

Country
USA

City & State
Margate, FL
Zip
33068

Country
USA

4. FEI Number
75-2993030

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ACKER, SHAWN C
4316 NORTHWEST 71ST DRIVE
CORAL SPRINGS FL 33065

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE **PTD** ☐ Delete
NAME **ABLACK, MICHAEL B**
STREET ADDRESS **4316 NORTHWEST 71ST DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **VSD** ☐ Delete
NAME **ACKER, SHAWN C**
STREET ADDRESS **4316 NORTHWEST 71ST DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition
NAME **Ablack, Michael B**
STREET ADDRESS **7511 SW 1st St**
CITY-ST-ZIP **Margate FL 33068**

TITLE **VSD** ☒ Change ☐ Addition
NAME **Acker, Shawn C**
STREET ADDRESS **7511 SW 1st St**
CITY-ST-ZIP **Margate FL 33068**

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

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

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NAME
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CITY-ST-ZIP

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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)