## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 13, 2002 8:00 am Secretary of State

1. Entity Na	JMENT #P0100 Ms Industries,	05-13-2002 90094 043 ***150.00					
	DO NOT WRITE	IN THIS SP	ACE				
	Place of Business. Shadick Dr	3. Mailing Address P. () Park	0501				
Suite, Api	t. #, etc.	Suite, Apt. #, etc.	2524	DO NOT WRITE IN THIS SPACE			
QLLL! Sity & Sta	ote .	City & State		4. FEI Number Applied	For		
Urar Zip	nge City Fl	Deland,	FI	59-3737677 Not Appl	licable		
	03 USA	<sup>Zip</sup> 3ә7ә і	Country	5. Certificate of Status Desired See Required Fee Required	· [		
	منه چن <u>ون دو مشتب مستخب ک</u> از ۱۰ در بهتا و وفت ۱۰ در	ويستني ميسيق والمحادث والمحادث	Name	7. Name and Address of Current Registered Agent			
	DO NOT WE	RITE	Stan	Listanteu lauvence			
IN THIS SPACE			531	S (P.O. Box Number is Not Acceptable)			
	1N 1 113 3FA	4CE					
<u></u>			City	ona FL Zip Code 32725	-		
8. The above	e named entity submits this statement for th	ne purpose of changing its req		stered agent, or both, in the State of Florida.			
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Re	egistered Agent signature requ	rred when reinstaling) DATE	_		
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  See criteria on book  Amended			1 Fee is \$150.00 Fee is \$550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Feet			
	- Id Sit Eddity	Make Check Pavable	to Department of S	Trust Fund Contribution. Added to Fee	98		
11.	OFFICERS AND DIE	Make Check Payable	to Department of S	Trust Fund Contribution. Added to Fee	95		
TILE	OFFICERS AND DIF	Make Check Payable RECTORS	to Department of S	Trust Fund Contribution. Added to Fee	95		
-	OFFICERS AND DIF President Stanky Lawrence	Make Check Payable RECTORS	to Department of S	Trust Fund Contribution. Added to Fee	98		
TT'LE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF President Stanky Lawrence 531 Richmond Av Deltona Fl 327	Make Check Payable RECTORS	to Department of S TITLE NAME	Trust Fund Contribution. Added to Fee	98		
NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE President Stanky Lawrence 531 Richmond Av Deltona F1 327 Vice President	Make Check Payable RECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Trust Fund Contribution. Added to Fee	98		
TT'LE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF President Stanky Lawrence 531 Richmond Av Deltona FI 327 Vice President Kenneth Nettles	Make Check Payable RECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution. Added to Fee	95		
TTLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME	OFFICERS AND DIE President Stanky Lawrence 531 Richmond Av. Deitona F1 327 Vice President Kenneth Nettles 8 Kankakee Trail Palm Coast F1	Make Check Payable RECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Trust Fund Contribution. Added to Fee	98		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	President Stanky Lawrence 531 Richmond Av Deltona FI 327 Vice President Kenneth Nettles 8 Kankakec Trail Palm Coast FI Secretary Heather Manning 531 Richmond Ave Deltona FI 32725 Freasurer	Make Check Payable RECTORS  Salls4	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DO NOT WRITE	98		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	President Stanky Lawrence 531 Richmond Av Deltona FI 327 Vice President Kenneth Nettles 8 Kankakee Trail Palm Coast, FI Secretary Heather Manning 531 Richmond Ave Deltona FI 32726 Freasurer Sue Nettles	Make Check Payable RECTORS  RECTORS  RECTORS  RECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	tate	95		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Stanky Lawrence 531 Richmond Av Deltona Fl 327 Vice President Kenneth Nettles 8 Kankakec Trail Palm Coast Fl Secretary Heather Manning 531 Richmond Ave Deltona Fl 32725 Freasurer Sue Nettles 8 Kankakee Trail	Make Check Payable RECTORS  Salus 4	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE			

13. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Watter Manne & Heather Mar	nnın <b>g</b>	4-24-02	386-740-8009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	J	Dale	Daytime Phone #