

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

03-05-2003 90027 029 ***150.00

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DOCUMENT # P02000026708

1. Entity Name
M & S REPAIR SERVICE, INC.



Principal Place of Business
**33310 CR 468
LEESBURG FL 34748**

Mailing Address
**33310 CR 468
LEESBURG FL 34748**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **27-0004895**

Applied For
Not Applicable

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

**ELLIOTT, MOLLY
33310 CR 468
LEESBURG FL 34748**

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 reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
ELLIOTT, MOLLY
33310 CR 468
LEESBURG FL 34748** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Molly Whitman
33310 CR 468
Leesburg, FL 34748** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
WHITMAN, STEVE
33310 CR 468
LEESBURG FL 34748** ☐ Delete

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

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

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 REQUIRED Molly Whitman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/7/03** Daytime Phone # **852/323-6123**

CR2E034 (4/03)

Attachment

55051192 7/8/03
PO2006026708

Mt S Repair Service, Inc.
33310 CR 468
Leesburg, FL 34748
FID# 27-0004895

Dear Sir: Madam;

Enclosed please find:

- 1) Updated Uniform Business Report
- 2) Copy (front & back) of cancelled
CR in amount of \$150.00 dated
March 1, 2003.
- 3) Copy of Notice of Acceptance
from IRS, showing taxpayer
FID# as 27-0004895

Please waive \$550⁰⁰ charge
because this has already
been paid. Thank you,
Moley Whitman / Pres.

(352) 323-6123