

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90222 011 ***150.00

060796 AV

DOCUMENT # P02000069769

1. Entity Name
MONEY SAVER CLUB, INC.



Principal Place of Business
**2081 S.W. CAPEADOR ST.
PORT ST. LUCIE FL 34953**

Mailing Address
**P.O. BOX 7572
PORT ST. LUCIE FL 34985**



2. Principal Place of Business

2081 SW CAPEADOR ST
Suite, Apt. #, etc.

3. Mailing Address

PO Box 7572
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

PORT ST. LUCIE FL

City & State

PORT ST LUCIE

4. FEI Number

76-0716095

Applied For

Not Applicable

Zip

34953 ST. LUCIE

Country

Zip

34985 ST. LUCIE

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALBANO, JERRY R
2081 S.W. CAPEADOR ST.
PORT ST. LUCIE FL 34953**

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. 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

04-15-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE **PD** ☐ Delete
NAME **ALBANO, JERRY R**
STREET ADDRESS **2081 S.W. CAPEADOR ST.**
CITY-ST-ZIP **PORT ST. LUCIE FL 34953.**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-03 772-879-2656

Date

Daytime Phone #

CR2E034 (10/02)