

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State
09-12-2003 90100 045 ***550.00

DOCUMENT # P02000101382

1. Entity Name
M & S LIMITED, INC.



Principal Place of Business
160 BRIDGE ROAD
TEQUESTA FL 33469

Mailing Address
160 BRIDGE ROAD
TEQUESTA FL 33469

2. Principal Place of Business

3. Mailing Address

Same as above

Same as above

City & State

City & State

Zip

Country

Zip

Country

Palm Beach

33469

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOLOMON, MARK E
13128 MEADOWBREEZE DRIVE
WELLINGTON FL 33414

Name Mark E Solomon

Street Address (P.O. Box Number is Not Acceptable)

1993 South Club Drive

City Wellington

FL

Zip Code

33414

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 *Mark E Solomon*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/10/03

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 PV
NAME SOLOMON, MARK E
STREET ADDRESS 13128 MEADOWBREEZE DRIVE
CITY-ST-ZIP WELLINGTON FL 33414 ☐ Delete

TITLE PV
NAME mark E. Solomon ☒ Change ☐ Addition
STREET ADDRESS 1993 South Club Drive
CITY-ST-ZIP Wellington FL 33414

TITLE ST
NAME SOLOMON, SYDNEY E
STREET ADDRESS 13128 MEADOWBREEZE DRIVE
CITY-ST-ZIP WELLINGTON FL 33414 ☐ Delete

TITLE ST
NAME Sydney E. Solomon ☒ Change ☐ Addition
STREET ADDRESS 1993 South Club Drive
CITY-ST-ZIP Wellington FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

Mark E Solomon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/03 561-746 9215

Date

Daytime Phone #

CR2E034 (4/03)