

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02025

1. Entity Name

MISSCO CORPORATION OF JACKSON

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90142 026 ***150.00

Principal Place of Business

Mailing Address

755 W. STATE ROAD 434, SUITE D
LONGWOOD FL 32750-5136

P.O. BOX 5349
JACKSON MS 39296-5349

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 **64-0207070**

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

SCHOLTENS, JAMES G
INTERSTATE OF FLORIDA
755 W. STATE RD 434, SUITE D
LONGWOOD FL 32750-5136

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, 2000 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	CB	<input type="checkbox"/> Delete
NAME	PEETS, RANDOLPH D. J	
STREET ADDRESS	2510 LAKE LAND TERRACE	
CITY-ST-ZIP	JACKSON MS 39216	
TITLE	VPTS	<input checked="" type="checkbox"/> Delete
NAME	BRANTLEY, ADRIENNE	
STREET ADDRESS	2510 LAKE LAND TERRACE	
CITY-ST-ZIP	JACKSON MS 39216	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PEETS, RANDOLPH O III	
STREET ADDRESS	2510 LAKE LAND TERRACE	
CITY-ST-ZIP	JACKSON MS 39216	
TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, VICTOR	
STREET ADDRESS	2150 LAKE LAND TERRACE	
CITY-ST-ZIP	JACKSON MS 39216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Senior Vice President, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark A. Sorgenfrei, CPA	
STREET ADDRESS	2510 Lakeland Terrace, Suite 100	
CITY-ST-ZIP	Jackson, MS 39216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Randolph D. Peets, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randolph D. Peets, III **1-19-00** **601-987-8600**

Date

Daytime Phone #