

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90165 047 ***150.00

DOCUMENT # P02025

1. Entity Name

MISSCO CORPORATION OF JACKSON

Principal Place of Business

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

Mailing Address

P.O. BOX 5349
 JACKSON MS 39296

748604



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **64-0207070**

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
CB	PEETS, RANDOLPH D. J		
STREET ADDRESS	2510 LAKELAND TERRACE		
CITY-ST-ZIP	JACSON MS 39216		
VPTS	SORGENFREI, MARK A CPA		
STREET ADDRESS	2510 LAKELAND TERRACE		
CITY-ST-ZIP	JACKSON MS 39216		
VP	PEETS, RANDOLPH O III		
STREET ADDRESS	2510 LAKELAND TERRACE		
CITY-ST-ZIP	JACKSON MS 39216		
P	SMITH, VICTOR		
STREET ADDRESS	2150 LAKELAND TERRACE		
CITY-ST-ZIP	JACKSON MS 39216		

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: *Mark A. Sorgenfrei*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark A. Sorgenfrei

Date

04-16-2001

Daytime Phone #

601-987-8600

CR2E034 (10/00)