

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91409 046 ***150.00

0604912 AT

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**

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, 2002 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

TITLE ☐ Delete
 NAME **CB**
 STREET ADDRESS **PEETS, RANDOLPH D. J**
 CITY-ST-ZIP **2510 LAKELAND TERRACE
 JACSON MS 39216**

TITLE ☒ Change ☐ Addition
 NAME **Director**
 STREET ADDRESS **Randolph D. Peets, Jr.**
 CITY-ST-ZIP **2510 Lakeland Terrace, Suite 100
 Jackson, MS 39216**

TITLE ☐ Delete
 NAME **VPTS**
 STREET ADDRESS **SORGENFREI, MARK A CPA**
 CITY-ST-ZIP **2510 LAKELAND TERRACE
 JACKSON MS 39216**

TITLE ☒ Change ☐ Addition
 NAME **Chairman of the Board/CEO**
 STREET ADDRESS **Mark A. Sorgenfrei, CPA**
 CITY-ST-ZIP **2510 Lakeland Terrace, Suite 100
 Jackson, MS 39216**

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **PEETS, RANDOLPH O III**
 CITY-ST-ZIP **2510 LAKELAND TERRACE
 JACKSON MS 39216**

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

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **SMITH, VICTOR**
 CITY-ST-ZIP **2150 LAKELAND TERRACE
 JACKSON MS 39216**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Mark A. Sorgenfrei
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-13-02
 Date

601-982-8600
 Daytime Phone #

CR2E034 (9/01)