FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 07, 2002 8:00 am P92000014297 DOCUMENT # **Secretary of State** 1. Entity Name 03-07-2002 90011 037 \*\*\*150.00 MSI OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 7703 TECHNOLOGY DRIVE 7703 TECHNOLOGY DRIVE SUITE 102 **SUITE 102** MELBOURNE FL 32904 MELBOURNE FL 32904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3161469 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLMES, EDWARD A Street Address (P.O. Box Number is Not Acceptable) 713. Springline: Drz. urt 716 FLAMEVINE VERO BEACH FL 32963 Vero Beach, FL 32963 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Addition ☐ Delete TITLE KLINSPORT, EDWARD J NAME NAME STREET ADDRESS 1010 RIVER TR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 Change ☐ Delete ☐ Addition TITLE TITLE PTS NAME HOLMES, EDWARD A 713 Springline Dr.Court STREET ADDRESS STREET ADDRESS 716 FLAMEVINE CITY-ST-ZIP CITY-ST-ZIP Vero Beach, FL 32963 VERO BEACH FL 32963 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE:

changed, or on an attachment w

Edward A. Holmes