

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000016036

1. Entity Name  
M.S.C., INC.

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90193 039 \*\*\*150.00

Principal Place of Business  
1715 N WESTSHORE BOULEVARD  
STE 900  
TAMPA FL 33607  
US

Mailing Address  
1715 N WESTSHORE BOULEVARD  
STE 900  
TAMPA FL 33607  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-3227086**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GASSMAN, ALAN S**  
**1245 COURT ST**  
**STE 102**  
**CLEARWATER FL 34616**

7. Name and Address of New Registered Agent  
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. ☐ **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			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, THOMAS C			NAME			
STREET ADDRESS	1715 N WESTSHORE BLVD #900			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COCHRAN, KENNETH D			NAME			
STREET ADDRESS	1715 N WESTSHORE BLVD #900			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTIN, WILLIAM P			NAME			
STREET ADDRESS	1715 N WESTSHORE BLVD #900			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROYLES, LOUIS N			NAME			
STREET ADDRESS	1715 N WESTSHORE BLVD #900			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEACOCK, DANNY T			NAME			
STREET ADDRESS	1715 N WESTSHORE BLVD #900			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Thomas C. Davis **THOMAS C. DAVIS** **813**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Sec/Treas.** **1-12-01** **2872148**  
Date Daytime Phone #

CR2E034 (10/00)