

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90015 049 ***158.75

DOCUMENT # P94000021823

1. Entity Name

MARKHAM-STUKES, INC. MSI ENGINEERING CORPORATION
11007 N. 56th ST., STE. 210
TAMPA, FL 33617

Principal Place of Business

Mailing Address

11007 NORTH 56TH STREET
SUITE 210
TAMPA FL 33617

11007 NORTH 56TH STREET
SUITE 210
TAMPA FL 33617-2953

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 **59-3230107**

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

MARKHAM, NANCY D
15104 MORNING DR.
LUTZ FL 33549

Name **Taylor H. Stukes**
Street Address (P.O. Box Number is Not Acceptable)
11007 N 56th St., Suite 210
City **Tampa** FL Zip Code **33617**

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

2/10/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTC	<input checked="" type="checkbox"/> Delete
NAME	MARKHAM, NANCY D.	
STREET ADDRESS	15104 MORNING DRIVE	
CITY-ST-ZIP	LUTZ FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	STUKES, TAYLOR H.	
STREET ADDRESS	1349 CORNER OAKS DRIVE	
CITY-ST-ZIP	BRANDON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Madison O. Stukes	
STREET ADDRESS	11007 N 56th St., #210	
CITY-ST-ZIP	Tampa, FL 33617	
TITLE	PSC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUKES, TAYLOR H	
STREET ADDRESS	11007 N 56th St., #210	
CITY-ST-ZIP	Tampa, FL 33617	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TAYLOR H. STUKES **2/10/00**

Date

(813) 988-4242

Daytime Phone #

CR2E034 (9/99)