

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000091539

1. Entity Name

MSGS, INC.

Principal Place of Business

Mailing Address

6718 SIMMONS LOOP
RIVERVIEW FL 33569
US

6718 SIMMONS LOOP
RIVERVIEW FL 33569-9420
US

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 59-3295113

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

SIMMONS JR., E. GEORGE
6718 SIMMONS LOOP
RIVERVIEW FL 33569

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
SIMMONS, SANDRA
6718 SIMMONS LOOP
RIVERVIEW FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
SIMMONS JR., E. GEORGE
6718 SIMMONS LOOP
RIVERVIEW FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: Sandra Simmons SANDRA SIMMONS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-00

Date

813-677-5667

Daytime Phone #

Page 1 of 2

FILED

00 JUN 27 PM 6:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR 10-14-1999

E. G. SIMMONS FARMS, INC.
MSGS, INC.
6718 Simmons Loop
Riverview, FL 33569

June 15, 2000

Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

I am writing to explain our lateness in filing the reports for these two family corporations. Due to a death in the family in April, these report forms were inadvertently mixed with our mother's files. Upon going through her files this week, they were found and we were mortified.

We have never been late in filing these reports, as I am sure your records will indicate, and truthfully, due to our circumstances were not even thinking about these reports.

We appeal to you to waive the penalty for these corporations. Enclosed, please find our check for the normal filing fee in hopes that you will grant our request.

Sincerely,



Sandra Simmons
Secretary