2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000005328 1. Entity Name M.S.B. FINANCIAL SERVICES, INC. Principal Place of Business Mailing Address 3534 NW 73RD WAY 3534 NW 73RD WAY CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Zip Country Country 6. Name and Address of Current Registered Agent BRODER, MARC S Street Address (P.O. Box Number is Not Acceptable) 3534 NW 73RD WAY **CORAL SPRINGS FL 33065** City 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature, typed or printed name of registered agent and title if applicable.

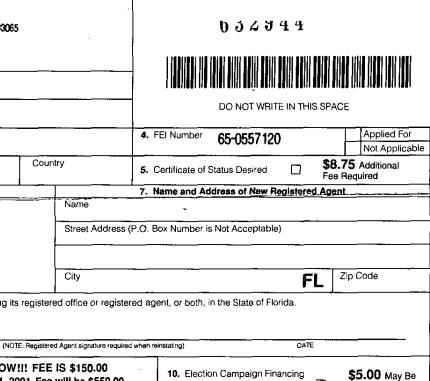
9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

SIGNATURE:

FILED Mar 14, 2001 8:00 am **Secretary of State**

03-14-2001 90212 007 ***150.00



Added to Fees

Trust Fund Contribution.

(See Cilicii	a cir back)	make Check Payable	to Department of State		
11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRODER, MARC S 3534 NW 73RD WAY CORAL SPRINGS FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. =	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME 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.					

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00