

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90102 046 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P 95000005328*

1. Entity Name

M.S.B. Financial Services, Inc.

DO NOT WRITE IN THIS SPACE

427305

2. Principal Place of Business

5103 NW 125th Ave.

Suite, Apt. #, etc.

3. Mailing Address

5103 NW 125th Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Coral Springs, FL.

City & State

Coral Springs, FL.

4. FEI Number

65-0557120

Applied For

Not Applicable

Zip

33076

Country

USA

Zip

33076

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

*PD
Broder, Marc S.
5103 NW 125th Ave.
Coral Springs, FL. 33076*

TITLE
NAME

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CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marc S Broder

Date

3-11-02

Daytime Phone #

954-255-0847

CR2E034B (12/01)