

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90131 044 ***150.00

DOCUMENT # P95000021730

1. Entity Name
THE M.S.I. GROUP, INC.



Principal Place of Business
**11380 PROSPERITY FARMS RD
SUITE 112
PALM BEACH GARDENS FL 33410
US**

Mailing Address
**11380 PROSPERITY FARMS RD
SUITE 112
PALM BEACH GARDENS FL 33410
US**

2. Principal Place of Business
PMB #362

3. Mailing Address
PMB #362

Suite, Apt. #, etc.
5815 SE Federal Highway

Suite, Apt. #, etc.
5815 SE Federal Highway

City & State
Stuart, FL

City & State
Stuart, FL

Zip Country
34997-7783 US

Zip Country
34997-7783 US

4. FEI Number **65-0564030**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FAICHNEY, JAMES F
11380 PROSPERITY FARMS RD
SUITE 112
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name **Faichney, James F**
Street Address (P.O. Box Number is Not Acceptable)
6483 Spyglass Lane
City **Stuart** **FL** Zip Code **34997**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **FAICHNEY, JAMES F.**
STREET ADDRESS **11380 PROSPERITY FARMS RD., SUITE 112**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **SAT** ☐ Delete
NAME **FAUCHNEY, MARGARET G**
STREET ADDRESS **11380 PROSPERITY FARMS RD STE 112**
CITY-ST-ZIP **PALM BCH GARDENS FL 33410**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Faichney, James F**
STREET ADDRESS **PMB #362, 5815 SE Federal Hwy**
CITY-ST-ZIP **Stuart, FL 34997-7783**

TITLE **SAT** ☒ Change ☐ Addition
NAME **Faichney, Margaret G**
STREET ADDRESS **PMB #362, 5815 SE Federal Hwy**
CITY-ST-ZIP **Stuart, FL 34997-7783**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 772-781-7125

Date

Daytime Phone #

CR2E034 (10/02)