

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000020781**

1. Entity Name
MISSCO MAIDS, INCORPORATED

Principal Place of Business
**311 CLOVERDALE BOULEVARD
FT. WALTON BEACH FL 32547**

DEPARTMENT OF STATE

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** Zip **Country**

6. Name and Address of Current Registered Agent

**MCBRIDE, HORACE S
311 CLOVERDALE BOULEVARD
FT. WALTON BEACH FL 32547**

7. Name and Address of New Registered Agent

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, 2002 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

D Delete
MCBRIDE, HORACE S
311 CLOVERDALE BOULEVARD
FT. ALTON BEACH FL 32547

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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Change Addition
TITLE 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: Horace S. McBride **850-282-7970**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)