

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

02-25-2002 90036 034 ***150.00

DOCUMENT # **P98000025163**

1. Entity Name

MRS Business Service

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1800 Marina Circle

Suite, Apt. #, etc.

3. Mailing Address

1800 Marina Circle

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

North Ft. Myers FL

City & State

North Ft. Myers FL

4. FEI Number

65-0823234

Applied For

Not Applicable

Zip

33903

Country

USA

Zip

33903

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Suzanne Kelly

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

1800 Marina Circle

City

North Ft. Myers

FL

Zip Code

33903

**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

Suzanne Kelly

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

(NOTE: Registered Agent signature required when reinstating)

2/7/02

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	PSTD Suzanne Kelly 1800 Marina Circle, N. Ft. Myers 33903
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Suzanne Kelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/02

Date

941-415-5850

Daytime Phone #

CR2E034B (12/01)