

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90110 011 ***150.00

DOCUMENT # P98000070093

1. Entity Name

MSR MANAGEMENT CORPORATION

Principal Place of Business

**1907 SOUTH BENDELOW TRAIL
TAMPA FL 33629**

Mailing Address

**1907 SOUTH BENDELOW TRAIL
TAMPA FL 33629**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3527507

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROSENTHAL, MARK
1907 SOUTH BENDELOW TRAIL
TAMPA FL 33629**

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

TITLE **D** ☐ Delete
NAME **ROSENTHAL, MARK**
STREET ADDRESS **1907 SOUTH BENDELOW TRAIL**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

13. I hereby certify that the information supplied in 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 reports 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:

MARK S ROSENTHAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-02 813-935-9364

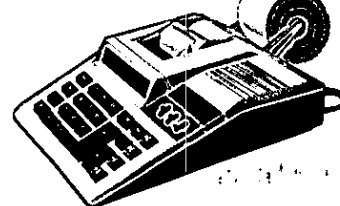
CR2E034 (9/01)

Attachment



SAUNDERS, GREENFIELD & CO.
9225 ULMERTON ROAD SUITE H
LARGO, FLORIDA 33771
(727)518-0000
FAX(727)518-7733

P9800007009 3/5031410



TAX INSTRUCTION SHEET

TO: MSR MGMT

DATE: 01-23-02

TYPE OF TAX:					
941	1120	1040	TANGIBLE		1099
940	1120S	SALES TAX	X OTHER: <u>662</u>		W-3 W-2
UCT-6	1065	ESTIMATE	DEPOSITORY		1096

MAIL RETURN TO:

DUE BEFORE: 2-15-02

☐ OTHER _____

☒ ENVELOPE ATTACHED

PAYMENT DUE - MAKE CHECK TO:

IN THE AMOUNT OF: 150-

☐ INTERNAL REVENUE SERVICE

☐ FLORIDA DEPARTMENT OF REVENUE

☐ US TREASURY

☐ FLA UNEMPLOYMENT COMPENSATION FUND

☐ PINELLAS CTY TAX COLLECTOR

☒ OTHER FL DEPT OF STATE

☐ PLACE FED ID-NUMBER-ON-CHECK

☐ PLACE SOC SECURITY # ON CHECK

OR

☐ REFUND:

☐ IN THE AMOUNT OF : \$ _____

☐ APPLIED TO : _____

☐ REFUNDED TO YOU

TO BE SIGNED BY:

☒ OFFICER

☐ TAXPAYER

☐ SPOUSE

☐ BOTH

☐ OWNER

RETAIN THIS SHEET -DO NOT MAIL