

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 18, 2000 08:00 AM****Secretary of State****DOCUMENT # P98000106387**

1. Entity Name

MEMBER SERVICE CENTER, INC.

## Principal Place of Business

GLADES BLDG., STE. 303  
877 EXECUTIVE CENTER DR. W.  
ST. PETERSBURG  
33702 FL

## Mailing Address

GLADES BLDG., STE. 303  
877 EXECUTIVE CENTER DR. W.  
ST. PETERSBURG  
33702 FL

## 2. Principal Place of Business

3018 N. US HWY 301

## Suite, Apt. #, etc.

SUITE 950

## City &amp; State

TAMPA FL

## Zip

33619

## Country

US

## 3. Mailing Address

3018 N. US HWY 301

## Suite, Apt. #, etc.

SUITE 950

## City &amp; State

TAMPA FL

## Zip

33619

## Country

US

## 4. FEI Number

59-3550402

## Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MASCARA ERNEST L  
GLADES BLDG., STE. 303  
877 EXECUTIVE CENTER DR. W.  
ST. PETERSBURG  
33702 FL  
US

## 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)

04/18/2000

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33619	<input type="checkbox"/> Delete
TS	DYER GEOFFREY A	3018 - HIGHWAY 301 NORTH, SUITE 950	TAMPA	FL	33619	<input type="checkbox"/> Delete
PDVP	DYER GEOFFREY A	3018 - HIGHWAY 301 NORTH, SUITE 950	TAMPA	FL	33619	<input type="checkbox"/> Delete
						<input type="checkbox"/> Delete
						<input type="checkbox"/> Delete
						<input type="checkbox"/> Delete
						<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33647	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
VP	SABIA PENNY K	5100 BURCHETTE ROAD, #2301	TAMPA	FL	33647	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PTSD	DYER GEOFFREY A	497 FIRST STREET WEST	TIERRA VERDE	FL	33715	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
						<input type="checkbox"/> Change	<input type="checkbox"/> Addition
						<input type="checkbox"/> Change	<input type="checkbox"/> Addition
						<input type="checkbox"/> Change	<input type="checkbox"/> Addition
						<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: Geoffrey A. Dyer

PRES. 04/18/2000