

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003083

1. Entity Name

MULTI MICRO SOLUTIONS, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90011 006 ***150.00

Principal Place of Business

Mailing Address

5345 ORTEGA BOULEVARD #14
JACKSONVILLE FL 32210

5345 ORTEGA BOULEVARD #14
JACKSONVILLE FL 32210-8443

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

593554681

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GOEDERT, JERRY R	
STREET ADDRESS	7825 LEISURE LANE	
CITY-ST-ZIP	CHARLOTTE NC 28078	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, LARRY	
STREET ADDRESS	ROUTE 2 BOX 70F	
CITY-ST-ZIP	POTEAU OK 74953	
TITLE	Deborah Evans	<input type="checkbox"/> Delete
NAME	1100 Franzini DR	
STREET ADDRESS	Poteau OK 74	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Huntersville	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1100 Franzini DR	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Deborah Evans	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1100 Franzini DR	
STREET ADDRESS	Poteau OK 74953	
CITY-ST-ZIP		
TITLE	Samantha L. Waddell	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7825 Leisure LN	
STREET ADDRESS	Huntersville NC 28078	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an other like empowered.

SIGNATURE:

Jerry R. Goedert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/00
Date

704-541-5030
Daytime Phone #

CR2E034 (9/99)