

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90012 010 ***150.00

CR21470 AT

DOCUMENT # P99000003083

1. Entity Name
MULTI MICRO SOLUTIONS, INC.

Principal Place of Business
5345 ORTEGA BOULEVARD #14
JACKSONVILLE FL 32210

Mailing Address
19501 W. CATAWBA AVENUE
STE. 13
CORNELIUS NC 28031

631891



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11250 Old St. Augustine Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite 15-356

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

4. FEI Number

59-3556681

Applied For

Not Applicable

Zip

Country

32257

US

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GOEDERT, JERRY R
5345 ORTEGA BLVD.
STE. 13
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name

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

11250 Old St. Augustine Rd

Suite 15-356

City

Jacksonville

FL

Zip Code

32257

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

Jerry R. Goedert its Treasure

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/02

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	<input type="checkbox"/> Delete
NAME	GOEDERT, JERRY R	
STREET ADDRESS	7825 LEISURE LANE	
CITY-ST-ZIP	HUNTERVILLE NC 28078	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, LARRY	
STREET ADDRESS	324 ARIES DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32073	
TITLE	O	<input type="checkbox"/> Delete
NAME	EVANS, DEBORAH	
STREET ADDRESS	324 ARIES DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32073	
TITLE	O	<input type="checkbox"/> Delete
NAME	WADDELL, SAMANTHA L	
STREET ADDRESS	7825 LEISURE LN	
CITY-ST-ZIP	HUNTERVILLE NC 28078	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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 all other like empowered.

SIGNATURE:

GOEDERT, JERRY R

2/14/02

704-655-8784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)