

DOCUMENT # P99000004339

1. Entity Name

MISOURCE INCORPORATED

FILED  
Jan 13, 2001 8:00 am  
Secretary of State

01-13-2001 90046 044 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

9500 KOGER BLVD.  
SUITE 211  
SAINT PETERSBURG FL 33702

9500 KOGER BLVD.  
SUITE 211  
SAINT PETERSBURG FL 33702

2. Principal Place of Business

3. Mailing Address

405 Reo Street

405 Reo Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 110

Suite 110

City & State  
Tampa, FL

City & State  
Tampa, FL

4. FEI Number 59-3552276

Applied For

Not Applicable

Zip Country

33609

Zip Country

33609

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

BOOTHE, A D JR.  
4639 CHANCELLOR CIRCLE N.E.  
ST. PETERSBURG FL 33703

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, 2001 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 P  
NAME FREEMAN, JOHN  
STREET ADDRESS 601 SOUTH OVERSEAS AVE., UNIT C  
CITY-ST-ZIP TAMPA FL 33606 ☐ Delete

TITLE VP  
NAME John Freeman  
STREET ADDRESS 755 Cruise View Dr.  
CITY-ST-ZIP Tampa, FL 33602 ☒ Change ☐ Addition

TITLE S  
NAME SPANKE, MATT  
STREET ADDRESS 1640 DOUGLAS AVENUE  
CITY-ST-ZIP DUNEDIN FL 34698 ☐ Delete

TITLE S  
NAME Matt Spanke  
STREET ADDRESS 8620 Fawn Creek Dr.  
CITY-ST-ZIP Tampa, FL 33626 ☒ Change ☐ Addition

TITLE T  
NAME JENSEN, CORY  
STREET ADDRESS 300 SOUTH DAKOTA, APT. 213  
CITY-ST-ZIP TAMPA FL 33606 ☐ Delete

TITLE T  
NAME Cory Jensen  
STREET ADDRESS 14798 Feather Cove Rd  
CITY-ST-ZIP Clearwater, FL 33762 ☒ Change ☐ Addition

TITLE VP  
NAME BOOTHE, A DARVIN JR  
STREET ADDRESS 4639 CHANCELLOR CIRCLE N.E.  
CITY-ST-ZIP SAINT PETERSBURG FL 33703 ☐ Delete

TITLE P  
NAME A. Darwin Boothe, Jr.  
STREET ADDRESS 4639 Chancellor Cir NE  
CITY-ST-ZIP Saint Petersburg, FL 33703 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01

Date

813 286-9888

Daytime Phone #

CR2E034 (10/00)