

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000004650

1. Entity Name

MSN MERCHANT MARKETING, INC

FILED

02 OCT 11 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3031 FORTUNE WAY

Suite, Apt. #, etc.

BLDG A, STE 11-17

City & State

WELLINGTON, FL

Zip

33414

Country

PALM BEACH

3. Mailing Address

3031 FORTUNE WAY

Suite, Apt. #, etc.

BLDG A, STE 11-17

City & State

WELLINGTON, FL

Zip

33414

Country

PALM BEACH

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4. FEI Number

65-0884173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANDREW A. KRUGLANSKI, CPA

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

DELUXE TERRE OF SUNRISE

1800 W. OAKLAND PARK BLVD, BLDG G

City

SUNRISE

FL

Zip Code

33351

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IN THIS SPACE**

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

10/7/2002

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PRESIDENT
USBELGER, MICHAEL
13898 GREENTREE TRAIL
WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P.
USBELGER, LOMA
13898 GREENTREE TRAIL
WELLINGTON, FL 33414

TITLE
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TO :

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/02

Date

(561) 798-3301

Daytime Phone #

CR2E034B (12/01)