

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90115 042 ***150.00

DOCUMENT # P99000014168

1. Entity Name

MISAND INC.



Principal Place of Business
869 SADLER RD., STE. 1
AMELIA ISLAND FL 32034

Mailing Address
869 SADLER RD., STE. 1
AMELIA ISLAND FL 32034

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

59-3568248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAY, MICHAEL J

1791 FAIRWAY DR.

AMELIA ISLAND FL 32034

86154 SHELTER ISLAND DR

Name

MICHAEL J. GAY

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

86154 SHELTER ISLAND DR.

City

FERNANDINA BCH

FL

Zip Code

32034

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME GAY, MICHAEL
STREET ADDRESS 1791 FAIRWAY DR. 1
CITY-ST-ZIP AMELIA ISLAND FL 32034

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 86154 SHELTER ISLAND DR
CITY-ST-ZIP FERNANDINA BCH, FL 32034

TITLE VP ☐ Delete
NAME GAY, SANDRA
STREET ADDRESS 1791 FAIRWAY DR. 1
CITY-ST-ZIP AMELIA ISLAND FL 32034

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 86154 SHELTER ISLAND DR
CITY-ST-ZIP FERNANDINA BCH, FL 32034

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP

Date

3/18/03

Daytime Phone #

CR2E034 (10/02)