2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TOPED OR PRINTED NAME OF

FILED DOCUMENT # P99000026045 Feb 03, 2000 8:00 am **Secretary of State** MSA LIMITED, INC. 02-03-2000 90004 011 ***150.00 Mailing Address Principal Place of Business 1952 FIELD ROAD 1952 FIELD ROAD SARASOTA FL 34231-2312 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State - 090735/ Not Applicable - Country-\$8.75 Additional Zio _____ _Country____ 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BONE, DAVID D Street Address (P.O. Box Number is Not Acceptable) 1952 FIELD ROAD SARASOTA FL 34231 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITI F TITLE MERRINGTON AZAN MERRINGTON, ALAN NAME 1240 NORTHPOAT DRIVE 1227 SOUTHPORT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34242 SARASOTA Addition ☐ Delete Change TITLE TITLE MERRINGTON LYNNE MERRINGTON, LYNNE NAME NAME 1240 NORTH PORT 1227 SOUTHPORT DRIVE STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34242 SANASOTA FL. 34242 Change ☐ Addition TITLE ☐ Delete TITI F MERRINGTON BRETT. MERRINGTON, BRETT NAME NAME 1240 NORTH PORT 1227 SOUTHPORT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34242 SARASOTA FL. 74242 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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.

ER OH DIRECTOR

Daytime Phone *