

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90042 041 ***150.00

DOCUMENT # P99000045758

1. Entity Name
MSLC OF PALM CITY, INC.

Principal Place of Business Mailing Address
~~1675 PALM BEACH LAKES BLVD. STE. 700~~ ~~1675 PALM BEACH LAKES BLVD. STE. 700~~
~~WEST PALM BEACH FL 33401~~ ~~WEST PALM BEACH FL 33401-2446~~

2. Principal Place of Business 3. Mailing Address
606 SW. 36th St **4411 Shumard Oak Ct**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Palm City **Orlando**
 City & State City & State
Florida **Florida**
 Zip Country Zip Country
USA **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0919899 Not Applicable

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

CLAYTON, BARRY L
1675 PALM BEACH LAKES BLVD. STE. 700
WEST PALM BEACH FL 33401

Name **Patricia W. Brown**
 Street Address (P.O. Box Number is Not Acceptable)
4411 Shumard Oak Court
 City **Orlando** **FL** Zip Code **32808**

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 Patricia W. Brown, President + Registered Agent 3/10/00
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.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, PATRICIA W	NAME	
STREET ADDRESS	3754 WINDOVER DRIVE	STREET ADDRESS	
CITY-ST-ZIP	HAMBURG NY 14075	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Patricia W. Brown 3-10-00 716 743 5169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)