

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109674

1. Entity Name

MSI-ORLANDO, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90058 002 \*\*\*150.00

Principal Place of Business

Mailing Address

3501 WEST VINE STREET #514  
FL 34741

3501 WEST VINE STREET #514  
KISSIMMEE FL 34741

2. Principal Place of Business

1510 E Colonial Drive

3. Mailing Address

1214 Abbeyville Rd.

Suite, Apt. #, etc.

Suite 210

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32803

Country

U.S.A.

Zip

32808

Country

U.S.A.

4. FEI Number

59-3617131

Applied For

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

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

City

FL

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)

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, 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	<input type="checkbox"/> Delete	TITLE	P/T Kenneth Jackson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Kenneth Jackson
STREET ADDRESS		STREET ADDRESS	1214 Abbeyville Rd.
CITY-ST-ZIP		CITY-ST-ZIP	Orlando, FL 32808
TITLE	<input type="checkbox"/> Delete	TITLE	S/V Stefanie Jackson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Stefanie Jackson
STREET ADDRESS		STREET ADDRESS	1214 Abbeyville Rd.
CITY-ST-ZIP		CITY-ST-ZIP	Orlando, FL 32808
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:

Stefanie Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

Date

407-758-7226

Daytime Phone #

CR2E034 (9/99)