

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109674

1. Entity Name
MSI-ORLANDO, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90071 022 ***150.00

Principal Place of Business

1510 E COLONIAL DR
STE-210
ORLANDO FL 32803

Mailing Address

1214 ABBEYVILLE RD
ORLANDO FL 32808

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

7226 W. Colonial Dr.

434

Orlando, FL

32818

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-5617131

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, 2001 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 PT
NAME JACKSON, KENNETH
STREET ADDRESS 1214 ABBEYVILLE RD
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE SV
NAME JACKSON, STEFANIE
STREET ADDRESS 1214 ABBEYVILLE RD
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE PT
NAME Jackson, Kenneth
STREET ADDRESS 7226 W. Colonial Dr. #434
CITY-ST-ZIP Orlando, FL 32818 ☒ Change ☐ Addition

TITLE SV
NAME Jackson, Stefanie
STREET ADDRESS 7226 W. Colonial Dr. #434
CITY-ST-ZIP Orlando, FL ☒ Change ☐ Addition

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

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

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

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

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 Stefanie Jackson 4/27/01 407-292-0048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)