

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90027 050 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S05411

1. Entity Name
MSR Management Group Inc

Principal Place of Business
197 New Hope Rd *S.E*
Cleveland, TN
37323-8181

Mailing Address
197 New Hope Rd
Cleveland, TN
37323-8181

2. Principal Place of Business
3494 Sandpiper Ct
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Melbourne, FL

Zip
32935-4754

Country
USA

4. FEI Number
59-3036344

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

424968

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Douglas C Gilbert

Street Address (P.O. Box Number is Not Acceptable)
3494 Sandpiper Ct

City
Melbourne

FL Zip Code
32935-4754

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]* Douglas C Gilbert FEB 26 2002
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00
Trust Fund Contribution. May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Mark S Rice 197 New Hope Rd Cleveland, TN 37323-8181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

FEB 26 2002

SIGNATURE: *[Signature]* Mark S Rice, Director 423-728-5630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #