

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90158 011 ***150.00

DOCUMENT # S05411

1. Entity Name

MSR Management Group Inc

Principal Place of Business

197 New Hope Rd

Mailing Address

197 New Hope Rd

Cleveland, TN

37323-8181

Cleveland, TN

37323-8181

2. Principal Place of Business

3. Mailing Address

197 Hope Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Cleveland, TN

Zip

Country

Zip

Country

37323-8181

USA

4. FEI Number

59-3036344

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

Douglas C Gilbert

3494 Sandpiper Ct

Melbourne, FL 32935-4754

Name

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

3494 Sandpiper Ct

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, 2003 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution. ☐

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME Rice, Mark S
STREET ADDRESS 197 New Hope Rd
CITY - ST - ZIP Cleveland, TN 37323-8181

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

Mark Rice, Director

FEB 28 2003

423-728-5630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR034 (9/99)