

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V37139

1. Entity Name

MSRB-IHB, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90080 037 ***150.00

Principal Place of Business

BOX 560939
FL 32956-0939

Mailing Address

P.O. BOX 560939
ROCKLEDGE FL 32956-0939

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3125008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HONEYCUTT, MISSTY
1810 LONG IRON DR
#308
VIERA FL 32955

7. Name and Address of New Registered Agent

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

1257 CREEK SIDE CIRCLE
City ROCKLEDGE FL Zip Code 32955

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 *Laurence Blunk*
Signature, typed or printed name of registered agent and title if applicable

PRESIDENT LAWRENCE BLUNK PRES. 3/22/00
(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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BLUNK, LAWRENCE W	
STREET ADDRESS	1810 LONG IRON DR, #308	
CITY-ST-ZIP	VIERA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TUBBS, PATRICK	
STREET ADDRESS	1304 AVALON DR	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	HONEYCUTT, MISSTY D	
STREET ADDRESS	1810 LONG IRON DR, #308	
CITY-ST-ZIP	VIERA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUNK, LAWRENCE W	
STREET ADDRESS	1257 CREEK SIDE CIRCLE	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUBBS, PATRICK	
STREET ADDRESS	1304 AVALON DR	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	VPT HONEYCUTT, MISSTY D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1257 CREEK SIDE CIRCLE	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Missty Honeycutt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MISSTY HONEYCUTT 3/22/00 321-633-4802
Date Daytime Phone #

CR2E034 (9/99)