

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90086 040 ***150.00

DOCUMENT # H41017

1. Entity Name
MASSEY SERVICES, INC.

Principal Place of Business 610 N WYMORE RD MAITLAND FL 32751 US	Mailing Address 610 N WYMORE RD MAITLAND FL 32751 US
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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 **59-2557150** 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

**HATCHER, STEPHEN B.
 315 EAST ROBINSON STREET
 SUITE 600
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PTD	MASSEY, HARVEY L.	1550 VIA TUSCANY	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		WINTER PARK FL								
	V	MASSEY, ANTHONY L	2422 MOHAWK TRAIL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		MAITLAND FL 32516								
	VPDM	KATE, BUD BREWER	4605 COURTNEY LEE COURT	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		ORLANDO FL 32812								
	VPCS	BARBARA A. CORINO	417 RUTH ST.	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		LONGWOOD FL								
	EVP	RICK BEARD	1861 N. PRAIRIE DUNES CT.	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		OVIEDO FL								
	VPDQ	JONES, ADAM	30 DALEWOOD DR	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		ORLANDO FL 32808								

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: Harvey L. Massey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 645-2500

Date Daytime Phone #

CR2E034 (9/01)