

2002 UNIFORM BUSINESS REPORT (UBR)

0040851 AV

DOCUMENT # K55029

1. Entity Name
MESSER, CAPARELLO, & SELF, P.A.

FILED

02 APR 19 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**215 S. MONROE STREET
SUITE 701
TALLAHASSEE FL 32301-1871
US**

Mailing Address
**P.O. BOX 1876
TALLAHASSEE FL 32302-1786**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2921100**

Applied For
Not Applicable

Zip

Country

Zip
32302-1876

Country

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

**SELF, FLOYD R
215 S. MONROE STREET
SUITE 701
TALLAHASSEE FL 32301**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	MYERS, R. FRANK	
STREET ADDRESS	1246 SMOKE RISE LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input type="checkbox"/> Delete
NAME	FINDLEY, THOMAS M	
STREET ADDRESS	6369 PICKNEY HILL ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIMBEL, ALBERT T	
STREET ADDRESS	4016 KILMARTIN DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, LAWRENCE A	
STREET ADDRESS	1216 TERRACE STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	SELF, FLOYD R	
STREET ADDRESS	2924 COLDSTREAM DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32300 32312	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CAPARELLO, DOMINIC M	
STREET ADDRESS	5123 ILE DE FRANCE	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. Elliott Messer	
STREET ADDRESS	3529 Raymond Diehl Road	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norman H. Horton, Jr.	
STREET ADDRESS	7740 Deepwood Trail	
CITY-ST-ZIP	Tallahassee, FL 32311	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James J. Dean	
STREET ADDRESS	1902 Doomar Drive	
CITY-ST-ZIP	Tallahassee, FL 32308	
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: Floyd R. Self **FLOYD R. SELF** **4-18-2002** **850-222-0720**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)