

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90057 016 \*\*\*150.00

ML20030 AV

**DOCUMENT # K55029**

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



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

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



2. Principal Place of Business Suite, Apt. #, etc.  
City & State

3. Mailing Address Suite, Apt. #, etc.  
City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2921100**

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

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MESSER, J. ELLIOTT</b>	
STREET ADDRESS	<b>3529 RAYMOND DIEHL RD.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>CAPARELLO, DOMINIC M</b>	
STREET ADDRESS	<b>5123 ILE DE FRANCE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>DVT</b>	<input type="checkbox"/> Delete
NAME	<b>SELF, FLOYD R</b>	
STREET ADDRESS	<b>2924 COLDSTREAM DR.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>HORTON, NORMAN H JR.</b>	
STREET ADDRESS	<b>7740 DEEPWOOD TRAIL</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MYERS, R. FRANK</b>	
STREET ADDRESS	<b>1246 SMOKE RISE LN.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FINDLEY, THOMAS M</b>	
STREET ADDRESS	<b>6369 PICKNEY HILL RD.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* **4-28-2003 850-222-0720**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)