2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007573

1. Entity Name



FILED Apr 22, 2003 8:00 am Secretary of State

04-22-2003 90032 038 ****61.25

MESSO S	PEED, INCURPORATED			1				
1431 RADLEIGH PL. 14		Mailing Address 1431 RADLEIGH PL ORLANDO FL						
2. Principal Place of Business		3. Mailing Address			<u> </u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 59-3760638			Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta		8.75 Ad	ditional	1
	6. Name and Address of Current	Registered Agent		7. Name and Addr	ess of New Registered A	•		1
			Name					
SPEED, M 1431 RAD	MESSO C DLEIGH PL.		Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO) FL	÷						
	,		City		FL	Zip Coo	le	1
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its r	registered office or regist	ered agent, or both, in t	he State of Florida. I am fa	ımiliar with,	and accept	1
SIGNATURE .	* <u>*</u> * * * * * * * * * * * * * * * * *							
• • • • • • • • • • • • • • • • • • • •	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requir	ed when reinstating)	DATE			
£	•	9 Floation Com	noigo Einogoigo	\$5.00 May Be	Make Check	Dovoblo	+^	}
FILE NOW: FEE IS \$61,25			9. Election Campaign Financing Trust Fund Contribution.		Florida Departi			
<u> </u>	OFFICEDS AND DIE	PECTORS		ADDITIONS (OLIANOE	0 TO OFFICERO AND DID	EOTODO II	140	-
10.	OFFICERS AND DIF	Delete	11. TITLE	ADDITIONS/CHANGE	S TO OFFICERS AND DIR	Change	Addition	15
NAME	SPEED, MESSO C	□ Delete	NAME			onunge	7.000.0011	(10/02
,	1431 RADLEIGH PL.		STREET ADDRESS					F037
CITY-ST-ZIP	ORLANDO FL VD	☐ Delete	CITY-ST-ZIP			Obsessed.	Addition	12
TITLE NAME	SPEED, LEON	☐ Delete	TITLE NAME			☐ Change	☐ Addition	S
STREET ADDRESS	1431 RADLEIGH PL.		STREET ADDRESS					
City-St-ZIP	ORLANDO FL		CITY-ST-ZIP					
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TITLE		☐ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					İ
CITY-ST-ZIP			CITY-ST-ZIP					
12 I horoby c	certify that the information cumplied with	this filing does not qualify for	the everenties stated in C	Postion 110 07/2/i) Flor	ido Ctatutas I further corti	L. that tha	nformation	1

Thereby certify that the information supplied with this inling does not quality 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 617, 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.

407 648-6109