

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 460535

1. Entity Name

MESSANA'S CONSTRUCTION CO., INC.

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90131 032 ***150.00

Principal Place of Business
RT 1 BOX 404A
PO BOX 976
ZOLFO SPRINGS FL 33890

Mailing Address
RT 1 BOX 404A
PO BOX 976
ZOLFO SPRINGS FL 33890-0976

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 59-1550950 Applied For Not Applicable

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

MESSANA, JOSEPH
5587 DALLAS MCCLELLAN RD
ZOLFO SPRINGS FL 33890

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MESSANA, JOSEPH
STREET ADDRESS 5587 DALLAS MCCLELLAN ROAD
CITY-ST-ZIP ZOLFO SPRINGS FL
☐ Delete

TITLE V
NAME JUDD, LINDA
STREET ADDRESS 2776 KILLIAN ST
CITY-ST-ZIP NORTH PORT FL
☐ Delete

TITLE S
NAME MESSANA, J M, JR
STREET ADDRESS 859 LAKE JUNE ROAD
CITY-ST-ZIP LAKE PLACID FL
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)