

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 460535

1. Entity Name

MESSANA'S CONSTRUCTION CO., INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90057 012 \*\*\*150.00

0630235

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

655089

2. Principal Place of Business

2776 Killian St.

3. Mailing Address

2776 Killian St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

North Port, FL

City & State

North Port, FL

4. FEI Number

59-1550950

Applied For

Not Applicable

Zip

34286

Country

USA

Zip

34286

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MESSANA, JOSEPHA  
5587 DALLAS MCCLELLAN RD  
ZOLFO SPRINGS FL 33890

7. Name and Address of New Registered Agent

Name

LINDA JUDD

Street Address (P.O. Box Number is Not Acceptable)

2776 Killian St.

City

North Port

FL

Zip Code

34286

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

*Linda Judd* LINDA JUDD, PRES

4-30-2001

(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)

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**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MESSANA, JOSEPH	
STREET ADDRESS	5587 DALLAS MCCLELLAN ROAD	
CITY-ST-ZIP	ZOLFO SPRINGS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MESSANA, J M JR	
STREET ADDRESS	859 LAKE JUNE ROAD	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JUDD, LINDA	
STREET ADDRESS	2776 KILLIAN ST	
CITY-ST-ZIP	NORTH PORT FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSANA JOSEPH	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDD LINDA	
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		

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:

*Linda Judd, Pres.*

4-30-2001 941-4249389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)