FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Sep 09, 2002 8:00 am Secretary of State 642678 DOCUMENT # 1. Entity Name 09-09-2002 90011 037 ***150.00 MASSING ENTERPRISES, INC. Principal Place of Business Mailing Address 15974 JONES ROAD 15974 JONES ROAD 1 4 7 1 4 N FORT MYERS FL 33917 N FORT MYERS FL 33917 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1956825 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent MASSING, LAWRENCE B Street Address (P.O. Box Number is Not Acceptable) 15974 JONES RD N. FT. MYERS FL 33917 City 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 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 STD TITLE ☐ Delete TITLE ☐ Addition MASSING, JUDITH NAME NAME **15974 JONES RD** STREET ADDRESS STREET ADDRESS NORTH FORT MYERS FL 33917 CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MASSING, LAWRENCE NAME STREET ADDRESS **15974 JONES RD** STREET ADDRESS CITY-ST-ZIP NORTH FORT MYERS FL 33917 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empointment.

SIGNATURE:

Attachment

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MASSING ENTEDRISES, INC

6040 IDLEWILD ROAD FT. MYERS, FL 33907 941-939-4122 921 TAMIAMI TRAIL PT. CHARLOTTE, FL 33952 941-629-1024 390 N. INDIANA AVE. ENGLEWOOD, FL 34223 941-475-7818

Dealer for: Ted's Sheds, Master Garages, Brewer Steel Buildings & Carports, Utility Trailers & Dump Trailers

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 September 3, 2002

To Whom It May Concern:

I just came across this 2nd notice of our annual report. At this time have not seen the first report. I am mailing this off immediately with a check for our annual renewal. We have been hiring extra people over the last few months to help us with all our extra business and a few things are being missed.

Thanking you in advance for your understanding.

Sincerely,

Judith K. Massing

Secretary/Treasurer