

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90138 028 \*\*\*150.00

**DOCUMENT # F21162**

1. Entity Name  
**TIMOTHY J. MESSLER, INC.**



Principal Place of Business  
**11211 PROSPERITY FARMS RD  
#C 301  
PALM BEACH BEACH FL 33410  
US**

Mailing Address  
**11211 PROSPERITY FARMS RD  
#C 301  
PALM BEACH BEACH FL 33410  
US**



2. Principal Place of Business

3. Mailing Address

**7741 N. Military Tr.**

**7741 N. Military Tr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 5**

**Suite 5**

City & State

City & State

**Palm Beach Gardens, FL**

**Palm Beach Gardens, FL**

Zip

Zip

**33410**

**33410**

Country

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2068533**

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

**MESSLER, TIMOTHY J  
5746 VIA RIO  
JUPITER FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST MESSLER, TIMOTHY J 5746 VIA RIO JUPITER FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/4/03 561 841-8188**

Date Daytime Phone #

CR2E034 (10/02)