## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 04, 2000 8:00 am Secretary of State **DOCUMENT # F65467** 1. Entity Name MASSEY-YARDLEY, INC. 02-04-2000 90055 011 \*\*\*150.00 Principal Place of Business Mailing Address 8401 SE FEDERAL HWY 8401 SE FEDERAL HWY HOBE SOUND FL 33455-6023 HOBE SOUND FL 33455 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2151924 Not Applicable Country \$8.75 Additional Zip Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ARDLEY, THOMAS YARDLEY, THOMAS H Street Address (P.O. Box Number is Not Acceptable) 1825 SOUTH RIVERVIEW DRIVE MELBOURNE FL 32901 City COCOA 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. 1/31/2000 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PD YARDVEY, THOMAS H. 1970 MICHIGAN AVE. BLDG. D. Change TITLE ☐ Delete TITLE YARDLEY, THOMAS H NAME NAME 1825 SOUTH RIVERVIEW DRIVE STREET ADDRESS STREET ADDRESS COCOA FL 32922 CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901 ☐ Addition TITLE ☐ Change ☐ Delete TITLE YARDLEY, JOHN NAME NAME 8401 S.E. FEDERAL HWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HOBE SOUND FL 33455** CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE DOEGE. MELINDA NAME NAME 8401 S.E. FEDERAL HWY. STREET ADDRESS STREET ADDRESS HOBE SOUND FL 33455 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 empowered.

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Delete

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: THOMAS IL VARDLEY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Change

☐ Addition

☐ Addition