

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90385 039 \*\*\*150.00

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**DOCUMENT # H63242**

1. Entity Name

**MASSEY PERSONS BRINATI COMMUNICATIONS, INC.**  
**MPB COMMUNICATIONS, INC.**



Principal Place of Business

**620 N WYMORE RD**  
**230**  
**MAITLAND FL 32751**  
**US**

Mailing Address

**620 N WYMORE RD**  
**230**  
**MAITLAND FL 32751**  
**US**

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

**59-2869430**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MORAN, THOMAS P**  
**111 N ORANGE AVE**  
**STE 1200**  
**ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

**Hatcher, Stephen B. Esq**

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

**315 E. Robinson Street**

**Suite 600**

City

**Orlando**

**FL**

Zip Code  
**32801**

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

*Stephen B. Hatcher*  
Signature, typed or printed name of registered agent and title if applicable.

**Stephen B. Hatcher**

**4/10/03**

DATE

(NOTE: Registered Agent signature required when reinstating)

**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

TITLE	VCD	<input type="checkbox"/> Delete
NAME	PERSONS, TODD	
STREET ADDRESS	950 ORANOLE ROAD	
CITY-ST-ZIP	MAITLAND FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRINATI, CAROL	
STREET ADDRESS	100 RIVERSIDE DRIVE #505	
CITY-ST-ZIP	COCOA BEACH FL 32922	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MASSEY, HARVEY L.	
STREET ADDRESS	1550 VIA TUSCANY	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CORINO, BARBARA A.	
STREET ADDRESS	417 RUTH STREET	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	MANG, WILLIAM A	
STREET ADDRESS	2552 WESTMINSTER TERRACE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WERTENBERGER, CATHY	
STREET ADDRESS	1700 ONECO AVENUE	
CITY-ST-ZIP	WINTER PARK FL 32789	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brewer, Bud	
STREET ADDRESS	4605 Courtney Lee Court	
CITY-ST-ZIP	Orlando, FL 32812	
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		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Horton, Jeffrey S.	
STREET ADDRESS	201 N. Sweetwater Cove Blvd.	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 by 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:

*Harvey L. Massey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Harvey L. Massey, Chairman**

**4/10/03**

Date

Daytime Phone #

CR2E034 (10/02)