2001 UNIFORM BUSINESS REPORT (UBR)

Mar 20, 2001 8:00 am Secretary of State DOCUMENT # **J54816** 1.º Entity Name JACK MESSENGER BARBER CORPORATION 03-20-2001 90006 022 ***150.00 Principal Place of Business Mailing Address 935 N. BENEVA RD. 935 N. BENEVA RD. SUITE 615 SUITE 615 SARASOTA FL 34237 SARASOTA FL 34237 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2074071 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MESSENGER, RICHARD JOHN Street Address (P.O. Box Number is Not Acceptable) 2746 BRUCE LANE SARASOTA FL 34237 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change Addition MESSENGER, RICHARD JOHN NAME NAME 2746 BRUCE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34237 VSD ☐ Change ☐ Addition ☐ Detete TITLE TITLE MESSENGER, ELIZABETH S. NAME NAME STREET ADDRESS STREET ADDRESS 2746 BRUCE LANE CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34237 ☐ Change Addition TITLE ☐ Delete TITLE MESSENGER, DRENA E. NAME NAME STREET ADDRESS 2746 BRUCE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34237 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITI F 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 aftechnent with an address, with all other like empowered.

URE: LEMON WAS THED OR PRINTED IN MINE OF SIGNING OFFICER OR DIRECTOR

March 6-200

941-365-5441

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