2002 UNIFORM BUSINESS REPORT (UBR)

 Entity Name 	MENT # J5481 0 SSENGER BARBER CORPO					Secretary 04-08-2002 90205				
Principal Place of Business 935 N. BENEVA RD. SUITE 615 SARASOTA FL 34237		Mailing Address 935 N. BENEVA RD. SUITE 615 SARASOTA FL 34237								
2. Principal P	lace of Business	3. Mailing Address			-					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\dashv	DO NOT WRITE IN THIS SPACE				
City & State	е	City & State			4 . F	El Number 59-2074071		 	olied For Applicable	
Zip	Country	Zíp	Coun	Country		Certificate of Status Desired		75 Addi Required	tional	
	6. Name and Address of Current	Registered Agent	L		7. N	lame and Address of New Registere		<u> </u>		
		<u> </u>		Name						
MESSENGER, RICHARD JOHN 2746 BRUCE LANE					t Address (P.O. Box Number is Not Acceptable)					
SARASOTA	A FL 34237			City			=	Zip Code		
8. The above	named entity submits this statement for stat			ed office or regis			Ē			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550 Make Check Payable to Department of								
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS A	ND DIF	RECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MESSENGER, RICHARD JOHN 2746 BRUCE LANE SARASOTA FL 34237	☐ Delete	11					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MESSENGER, ELIZABETH S. 2746 BRUCE LANE SARASOTA FL 34237	☐ Delete	- 11					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESSENGER, DRENA E. 2746 BRUCE LANE SARASOTA FL 34237	☐ Delete	- 11		·			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	ll l					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	III .	4				Change .	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAM STRE	I				Change	Addition	

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 feport for 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 that pective of the certification of the certification

SIGNATURE: