

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000004303

FILED
Jul 02, 2002 8:00 AM
Secretary of State

Entity Name: MICHAEL'S MESSAGE, INC.

Current Principal Place of Business:

7506 ROBERTS ROAD
FT. PIERCE, FL 34951

New Principal Place of Business:

Current Mailing Address:

POM BOX 690453
VERO BEACH, FL 32969

New Mailing Address:

FEI Number: 59-3643374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALUMBAUGH, DEBRA
7506 ROBERTS ROAD
FT. PIERCE, FL 34951

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALUMBAUGH, DEBRA
Address: 7506 ROBERTS ROAD
City-St-Zip: FT. PIERCE, FL 34951

Title: D () Delete
Name: ALUMBAUGH, BRADLEY
Address: 7506 ROBERTS ROAD
City-St-Zip: FT. PIERCE, FL 34951

Title: D () Delete
Name: OFFUTT, HARRY
Address: 3003 CARDINAL DR
City-St-Zip: VERO BEACH, FL 32963

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BUSCH, PETER W
Address: 5300 GLADES CUT OFF ROAD
City-St-Zip: FT. PIERCE, FL 34981 US

Title: D () Change (X) Addition
Name: XX, XX X
Address: XX XXXX
City-St-Zip: XXXX XX, XX XXXXX XX

Title: D () Change (X) Addition
Name: REYMANN, GREGORY
Address: 3545 OCEAN DRIVE
City-St-Zip: VERO BEACH, FL 32963 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA T. ALUMBAUGH

PRES

07/02/2002

Electronic Signature of Signing Officer or Director

Date