

# 2000 UNIFORM BUSINESS REPORT (UBR)

21

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90064 020 \*\*\*\*70.00

**DOCUMENT # N99000004671**

1. Entity Name

**MESSENGER METAPHYSICAL STUDIES, INC.**

Principal Place of Business

5240 31ST AVE. N.  
 ST. PETERSBURG FL 33710

Mailing Address

5240 31ST AVE. N.  
 ST. PETERSBURG FL 33710-2608

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

**59-3606638**

Applied For

Not Applied For

5. Certificate of Status Desired



**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DREXLER, FRANK E**  
**5240 31ST AVE. N.**  
**ST. PETERSBURG FL 33710**

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change
NAME	<b>P/T</b>
STREET ADDRESS	<b>Frank E. Drexler</b>
CITY-ST-ZIP	<b>5240 - 31st Avenue North</b>
	<b>St. Petersburg, FL 33710</b>
TITLE	<input type="checkbox"/> Change
NAME	<b>V/S</b>
STREET ADDRESS	<b>David W. Panunzio</b>
CITY-ST-ZIP	<b>5240 31st Avenue North</b>
	<b>St. Petersburg, FL 33710</b>
TITLE	<input type="checkbox"/> Change
NAME	<b>D</b>
STREET ADDRESS	<b>Florence G. Drexler</b>
CITY-ST-ZIP	<b>5472 - 36th Avenue North</b>
	<b>St. Petersburg, FL 33710</b>
TITLE	<input type="checkbox"/> Change
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change
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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Frank E. Drexler**

**02/02/2000**

**727-525-8333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #