## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

## May 02, 2001 8:00 am DOCUMENT # P0000008681 Secretary of State MESSINA'S ACCOUNTING SERVICE, INC. 05-02-2001 90140 050 \*\*\*150.00 Principal Place of Business Mailing Address 200 S. WASHINGTON BOULEVARD 200 S. WASHINGTON BOULEVARD B0044451 SUITE 10 SUITE 10 SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business Mailing Address 7 Melodi Circle Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State SARA Sata 4. FEI Number Applied For FloridA 65-0978941 Not Applicable SARA SO TA Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MessinA Vincont HCRM CORP. . Street Address (P.O. Box Number is Not Acceptable) 2200 CORPORATE BOULEVARD N.W. SUITE 401 **BOCA RATON FL 33431** Zip Code 34-237 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 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 OFFICERS AND DIRECTORS 11. 12 D; P/ 5, CR2E034 (10/00) ☐ Delete Messium Vincent 417 Melody Fir. 34237 SARASETA FL. 34237 MESSINA, VINCENT NAME STREET ADDRESS 200 S. WASHINGTON BOULEVARD STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP D, V/T Ingrid B. Mossina TITLE ☐ Delete TITLE NAME NAME 447 Malody Cincle Facasata FL 34 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 34237 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TIT! F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 attachment with an address, with all other like empowered.