

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000067186

1. Entity Name  
**THE MESSAGE STUDIO INC.**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91082 034 \*\*\*150.00

Principal Place of Business  
**CASA MARINA  
1500 REYNOLDS STREET  
KEY WEST FL 33040**

Mailing Address  
**CASA MARINA  
1500 REYNOLDS STREET  
KEY WEST FL 33040**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip Country Zip Country

4. FEI Number  
**05-1030163**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CRICHTON, ELIZABETH  
CASA MARINA  
1500 REYNOLDS STREET  
KEY WEST FL 33040**

7. Name and Address of New Registered Agent  
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

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, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<del>CRICHTON, ELIZABETH</del>	<input type="checkbox"/> Delete	TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>CRICHTON, ELIZABETH</del>		NAME	<b>CRICHTON, ELIZABETH</b>	
STREET ADDRESS	<b>CASA MARINA, 1500 REYNOLDS STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>		CITY-ST-ZIP		
TITLE	<b>SK/D</b>	<input type="checkbox"/> Delete	TITLE	<b>STD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>GEORGE R. MACLEAN</b>	
STREET ADDRESS			STREET ADDRESS	<b>STATE ROAD 4A</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>BIG TORCH KEY, FL 33042</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 attachment with an address, with all other like empowered.

SIGNATURE: **George R. Maclean** **April 28/01** **305-872-8733**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)