RECEIVED: 4/30/01 4:20AM; ->TOWER COPY EAST; #152; PAGE 2

APR-27-01 FRI 22:34 DAVID G CLADIN CPA

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90348 036 ***158.75

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DOCUMENT # P 00000073230

1. Entity Name
Donna M. Messenger, Inc.

Principal Place of Business
1133 Fourth St.
Suite 206
Sarasota, FL 34236

Mailing Address
P. O. Box 9
Sarasota, FL 34230-0009

2. Principal Place of Business: 1133 Fourth St.
Suite, Apt #, etc.: Suite 206
City & State: Sarasota, FL
Zip: 34236
Country: Sarasota

3. Mailing Address: P. O. Box 9
Suite, Apt. #, etc.:
City & State: Sarasota, FL 34230-0009
Zip: 34230-0009
Country: Sarasota

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0988590 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Donna M. Messenger
1133 Fourth St.
Suite 206
Sarasota, FL 34236

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] Donna M. Messenger 4-30-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President	☐ Delete
NAME	Donna M. Messenger	
STREET ADDRESS	1133 Fourth St. Suite 206	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Donna M. Messenger President 4-30-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #