


2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91895 050 ***150.00

| | | | |
|---|--|---|---------------------|
| DOCUMENT # P00000073230 | |  | |
| 1. Entity Name <i>Donna M. Messenger, Inc.</i> | | | |
| DO NOT WRITE IN THIS SPACE | | | |
| 2. Principal Place of Business 1133 Fourth St. Su Suite, Apt. #, etc. Suite 206 | | 3. Mailing Address 2169 Main Street Suite, Apt. #, etc. | |
| City & State Sarasota, FL | | City & State Sarasota, FL | |
| Zip 34236 | Country Sarasota | Zip 34237 | Country Sarasota |
| 4. FEI Number 65-0988590 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent | | | |
| Name Jamie L. Nelson | | | |
| Street Address (P.O. Box Number is Not Acceptable) 1133 Fourth St. | | | |
| Suite 206 | | | |
| City Sarasota | | FL Zip Code 34236 | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | |
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D P Donna M. Messenger 1133 Fourth St., Ste. 206 Sarasota, FL 34236 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <i>Donna Messenger</i> | | 4-24-03 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

CR2E034B (12/02)