

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90292 037 ***150.00

0052055 AV

DOCUMENT # P00000110901

1. Entity Name
I NEEDA MESSAGE, INC.



Principal Place of Business
**1340 ROCKY CREEK LANE
ENGLEWOOD FL 34224**

Mailing Address
**1340 ROCKY CREEK LANE
ENGLEWOOD FL 34224**



2. Principal Place of Business
3670 N. ACCESS Rd.
Suite, Apt. #, etc.

3. Mailing Address
1340 Rocky Creek Ln.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
ENGLEWOOD FL

City & State
ENGLEWOOD FL

4. FEI Number
65-1060149

Applied For
Not Applicable

Zip -
FL-34224 Country -
CHARLOTTE

Zip -
34224 Country -
CHARLOTTE

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

6. Name and Address of Current Registered Agent

**SCHLEMAN, LAURIE S
1340 ROCKY CREEK LANE
ENGLEWOOD FL 34224**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Laurie S. Schleman**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCHLEMAN, LAURIE S
1340 ROCKY CREEK LANE
ENGLEWOOD FL 34224** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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 607, 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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/03 941-473-1930

CR2E034 (10/02)