## 2002 UNIFORM BUSINESS REPORT: (UBR)

## **Secretary of State** P01000052251 DOCUMENT # 05-14-2002 90023 026 \*\*\*150.00 1. Entity Name WALTER H. MESSICK, P.A. Principal Place of Business Mailing Address 2101 CORPORATE BLVD. SUITE 101 2101 CORPORATE BLVD. SUITE 101 91421 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 65-1109423 City & State Applied For Not Applicable Zip Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MESSICK, WALTER Street Address (P.O. Box Number is Not Acceptable) 2101 CORPORATE BLVD, SUITE 101 **BOCA RATON FL 33431** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filling requirement and elects to do so.--\$5.00 May Be After May 1, 2002 Fee will be \$550.00 --(See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE (10/6) ☐ Change Addition NAME NAME WALTER H MESSICK STREET ADDRESS 2101 CORPORATE BLYD SUITE 101 STREET ADDRESS **CR2E034** CITY-ST-ZIP CITY-ST-7(P BOCA RATON FL 33431 TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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.

FILED Jun 04, 2002 8:00 am