

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P01000088077**

Entity Name

MESSA CONTRACTING, INC.**FILED****May 06, 2002 8:00 am**
Secretary of State

05-06-2002 90012 008 ***150.00

Principal Place of Business

Mailing Address

11646 BENTLEY STREET
ORLANDO, FL 32824

Principal Place of Business

3. Mailing Address

11646 BENTLEY ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

4. FEI Number

59-3741531

Applied For

Not Applicable

Zip

32824

Country

ORANGE

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVID ROMERO
11646 BENTLEY ST.
ORLANDO, FL 32824

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DAVID ROMERO	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
11646 BENTLEY ST							
ORLANDO, FL 32824							
	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)