

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90020 020 ***158.75

DOCUMENT # P01000092161

1. Entity Name
MESSER INSURANCE GROUP, INC.

Principal Place of Business
3522 THOMASVILLE RD., STE. 301
TALLAHASSEE FL 32309

Mailing Address
3522 THOMASVILLE RD., STE. 301
TALLAHASSEE FL 32309

2. Principal Place of Business
2121 Killarney Way
 Suite, Apt. #, etc.
Suite A

3. Mailing Address
2121 Killarney Way
 Suite, Apt. #, etc.
Suite A

City & State
Tallahassee, FL

City & State
Tallahassee, FL

4. FEI Number
59-3751107

Applied For
 Not Applicable

Zip
32309

Country
USA

Zip
32309

Country
USA

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

MESSER, WILLIAM A
3522 THOMASVILLE RD., STE. 301
TALLAHASSEE FL 32309

Name

Street Address (P.O. Box Number is Not Acceptable)
2121 Killarney Way, Suite A

City **Tallahassee** **FL** **Zip Code** **32309**

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 *William E. Messer*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *1/31/02*

9. 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 State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------------|-----------------------------|---------------------------------|
| TITLE | PVST | <input type="checkbox"/> Delete |
| NAME | MESSER, WILLIAM A | |
| STREET ADDRESS | 3261 CITATION TRAIL | |
| CITY-ST-ZIP | TALLAHASSEE FL 32309 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MESSER, WILLIAM A | |
| STREET ADDRESS | 3261 CITATION TRAIL | |
| CITY-ST-ZIP | TALLAHASSEE FL 32309 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |

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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | |
| STREET ADDRESS | |
| 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.

SIGNATURE: *William E. Messer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *1/31/02* **DAYTIME PHONE #** *850.894.9223*

CR2E034 (9/01)