2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000115846

2915 SW 22ND CIRCLE, 35B

DELRAY BEACH, FL 33445

Address: City-St-Zip:

Entity Name: MES CORPORATION

FILED Mar 01, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 728 COVENTRY STREET 3395 N. DIXIE HWY, SUITE 8 BOCA RATON, FL 33487 BOCA RATON, FL 33431 **Current Mailing Address: New Mailing Address:** 728 COVENTRY STREET 3395 N. DIXIE HWY, SUITE 8 BOCA RATON, FL 33431 BOCA RATON, FL 33487 FEI Number: 01-0572810 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLMAN, NANCY B ESQ. DREIER BARITZ & COLMAN 150 EAST PALMETTO PARK ROAD, SUITE 750 BOCA RATON, FL 33432 US 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition GARDNER, SHARON Name: Name: 728 COVENTRY STREET Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: Title: **VPSD** (X) Delete Title: () Change () Addition Name: RANKIN, ERIC Name: 880 ODELL DRIVE Address: Address: BOYNTON BEACH, FL 33437 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition HELM, MICHAEL Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MICHAEL HELM TD 03/01/2002