

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90243 032 ***150.00

DOCUMENT # P96000035157 ✓

1. Entity Name

MESSANA HARDWARE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

639 Michigan Blvd.

3. Mailing Address

639 Michigan Blvd.

Suite, Apt. #, etc.

#300

Suite, Apt. #, etc.

#300

City & State

Dunedin, FL

City & State

Dunedin, FL

Zip

34698

Country

USA

Zip

34698

Country

USA

4. FEI Number

59-3375421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jamie L. Messana

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

639 Michigan Blvd.

#300

City

Dunedin

FL

Zip Code
34698

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IN THIS SPACE**

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME

President

Jamie L. Messana

STREET ADDRESS

639 Michigan Blvd. #300

CITY-ST-ZIP

Dunedin, FL 34698

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

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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 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 #

CR2E034B (12/01)