

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90078 020 \*\*\*150.00

**DOCUMENT # P96000052949**

**1. Entity Name**  
**MESSAGE BOUTIQUE, INC.**

**Principal Place of Business**      **Mailing Address**  
**4515 DEL PRADO BOULEVARD, SUITE 2**      **4515 DEL PRADO BOULEVARD, SUITE 2**  
**CAPE CORAL FL 33904**      **CAPE CORAL FL 33904**

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**      **65-0608674**

Applied For  
 Not Applicable

**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**

**DEROUEN, SHELLY A.**  
**12730 NEW BRITTAY BLVD**  
**FORT MYERS FL 33907**

Name

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

City

**FL**

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** \_\_\_\_\_ (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)

**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**      **PTD**      ☐ Delete  
**NAME**      **DAVIS, EDNA MAE**  
**STREET ADDRESS**      **4515 DEL PRADO BOULEVARD, SUITE 2**  
**CITY-ST-ZIP**      **CAPE CORAL FL 33904**

**TITLE**      ☐ Change      ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**      **VSD**      ☐ Delete  
**NAME**      **PARKER, MICHELLE**  
**STREET ADDRESS**      **4515 DEL PRADO BOULEVARD, SUITE 2**  
**CITY-ST-ZIP**      **CAPE CORAL FL 33904**

**TITLE**      ☐ Change      ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**      ☐ Delete  
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**TITLE**      ☐ Change      ☐ Addition  
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**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:** *Edna Mae Davis*      **Edna Mae Davis**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-8-02*      *(941) 542-0777*  
 Date      Daytime Phone #

CR2E034 (9/01)