2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P96000095273 DOCUMENT

1. Entity Name

MASSEY/SHANE POLYGRAPH SERVICE, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90093 028 ***150.00

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Principal Place of Business 1639 BEACH BLVD JACKSONVILLE FL 32250 US			1639	Mailing Address 1639 BEACH BLVD. JACKSONVILLE FL 32250 US				I i i i i i i i i i i i i i i i i i i i				
2. Principal	Place of Busin	ness	3. Ma	3. Mailing Address								
Suite, Ap	ot. #, etc.		Sui	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			Cit	City & State				4. FEI Number 59-3413765			polied For ot Applicabl	\Box
Zip Country			1	1		Country		5. Certificate of Status Desired	□ \$8.7 Fee R	5 Ad	ditional	-
	6. Name	and Address of Curre	nt Register	ed Agent	-t			7. Name and Address of New Regis		- quire		\dashv
The state of the same of the state of the st						Name			icied Agent		··· .	\dashv
PATTERSON, LAWRENCE R					- 1		· ·					
3010 SO	UTH THIRD :	STREET			Street Address	Street Address (P.O. Box Number is Not Acceptable)						
JACKSONVILLE BEACH FL 32250					*,						4	
												1
						City				Cod		7
The above named entity submits this statement for the purpose of changing its reg the obligations of registered agent.						ed office or registe	ered	agent, or both, in the State of Florida	l am familiar	with	and accept	\dashv
ine obliga	mons or registe	ered agent.									and dooopt	
SIGNATURE												
	Signature, typed of	or printed name of registered age	nt and title if app	olicable. (NOTI	E: Registered	Agent signature require	ed wh	nen reinstating)	DATE			
F	ILE NOW!!!	FEE IS \$150.00										-
Afte	r May 1, 200	3 Fee will be \$550.00 Florida Department	of State	f State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
10. OFFICERS AND			D DIRECTORS 11.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D MASSEY, HUGH M			☐ Delete				AND THORSE TO OFFICERS AND				ءِ ⊢
NAME						1			☐ Cha	nge	Addition	
STREET ADDRESS 104 SEAGRAPE DRIVE						T ADDRESS						}
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250						CITY-ST-ZIP						3
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AME					NAME	1			☐ Chan	ge	Addition	l
STREET ADDRESS						ADDRESS						ı

12. I hereby certify that the information supplied with this filling does not qualify for the exception 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 changed, or on an attachment with an address, with all our like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ Delete

☐ Change

☐ Addition