FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 18, 2001 8:00 am Secretary of State DOCUMENT # P98000066117 THE MASSEY CORPORATION 01-18-2001 90010 046 ***150.00 Principal Place of Business Mailing Address 317 BRINY AVE 317 BRINY AVE POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address 2436 N. Federal Hwy 2436 N. Federal Hwy Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ルスマレ #276 City & State City & State 4. FEI Number Applied For 65-0853995 ighthouse Point, FL Lighthoure Point Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33064 33064 us Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Larry Massey MASSEY, LARRY Street Address (P.O. Box Number is Not Acceptable) 317 BRINY AVE POMPANO BEACH FL 33062 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 Fiorida. orn P. Massey 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change CR2E034 (10/00) MASSEY, LARRY P NAME NAME 2436 N. Federal Huz #276 STREET ADDRESS STREET ADDRESS 317 BRINY AVE CITY-ST-ZIP POMPANO BEACH FL 33062 CITY-ST-ZIP TITLE ☐ Delete TITLE Change MALLOY, MICHAEL 436 N. Federal Huy #276 NAME NAME STREET ADDRESS 317 BRINY AVE STREET ADDRESS izht Louise Poist, EL 33064 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Change TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITI F ☐ Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

erry P. Massey, Pres. (/7/0) 952/946-0067