

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90120 024 ***150.00

DOCUMENT # P98000060117 ✓

1. Entity Name

The Massey Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5412 Cedarwood Drive

3. Mailing Address

5412 Cedarwood Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Raleigh, NC

City & State

Raleigh, NC

Zip

27609

Country

US

Zip

27609

Country

US

4. FEI Number

65-0853995

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JUNE M. CLARKSON, ESQ.

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

2640 HOLLYWOOD BLVD SUITE 201

City

HOLLYWOOD

FL

Zip Code

33020

**DO NOT WRITE
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

June M. Clarkson, JUNE M. CLARKSON, ATTORNEY

4/22/02

(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
STREET ADDRESS
CITY-ST-ZIP
President
Larry P. Massey
5412 Cedarwood Drive
Raleigh, NC 27609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Michael Malloy
5412 Cedarwood Drive
Raleigh, NC 27609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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IN THIS SPACE

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 Larry P. Massey, Pres. 4/18/02 919-510-0043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)