

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005958

1. Entity Name

MASSEY-JONES CONTRACTING, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90033 008 ***150.00

Principal Place of Business Mailing Address
100 WEST CITRUS STREET 100 WEST CITRUS STREET
ALTAMONTE SPRINGS FL 32714-2502 ALTAMONTE SPRINGS FL 32714-2502

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 Applied For
59-3557763 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MASSEY, GARY E
100 WEST CITRUS STREET
ALTAMONTE SPRINGS FL 32714-2502

7. Name and Address of New Registered Agent

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

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 PDTS ☐ Delete
NAME MASSEY, GARY E
STREET ADDRESS 100 WEST CITRUS STREET
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714-2502

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☐ Add
NAME Mark B. Massey
STREET ADDRESS 712 Kissimmee PL.
CITY-ST-ZIP Winter Springs, FL. 32708

TITLE Vice President ☐ Change ☐ Add
NAME Craig Jones
STREET ADDRESS 1665 So. Kirkman Rd.
CITY-ST-ZIP Orlando, FL. 32819

TITLE Sec/Tres. ☐ Change ☐ Add
NAME Gary E. Massey
STREET ADDRESS 1150 Winderwycke
CITY-ST-ZIP Winter Springs, FL. 32708

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/00