

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005958

1. Entity Name

MASSEY-JONES CONTRACTING, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90103 049 ***150.00

0473941

Principal Place of Business

100 WEST CITRUS STREET
ALTAMONTE SPRINGS FL 32714-2502

Mailing Address

100 WEST CITRUS STREET
ALTAMONTE SPRINGS FL 32714-2502

00030402

2. Principal Place of Business

640 POYNER DRIVE

Suite, Apt. #, etc.

3. Mailing Address

640 POYNER DR.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LONGWOOD, FL.

City & State

LONGWOOD, FL.

4. FEI Number

59-3557763

Applied For

Not Applicable

Zip

32750

Country

Zip

32750

Country

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, 2001 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
NAME MASSEY, GARY E
STREET ADDRESS 1150 WINDERWYCKE
CITY-ST-ZIP WINTER SPRINGS FL 32708 ☐ Delete

TITLE P
NAME MASSEY, MARK B
STREET ADDRESS 712 KISSIMMEE PL
CITY-ST-ZIP WINTER SPRINGS FL 32708 ☐ Delete

TITLE VP
NAME JONES, CRAIG
STREET ADDRESS 166550 KIRKMAN RD
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
STREET ADDRESS 123 CARRIAGE HILL DR.
CITY-ST-ZIP CASSELBERRY, FL. 32707 ☒ Change ☐ Addition

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

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

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

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:

Mark B Jones

3-30-01

407-742-3546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)