

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90220 028 \*\*\*150.00

**DOCUMENT # P99000026045**

1. Entity Name  
**MSA LIMITED, INC.**

Principal Place of Business

**1952 FIELD ROAD  
 SARASOTA FL 34231**

Mailing Address

**1952 FIELD ROAD  
 SARASOTA FL 34231**

2. Principal Place of Business

**100 Wallace Avenue**

Suite, Apt. #, etc.

**Suite 100**

City & State

**Sarasota, FL**

Zip

**34237**

Country

**Sarasota**

3. Mailing Address

**100 Wallace Avenue**

Suite, Apt. #, etc.

**Suite 100**

City & State

**Sarasota, FL**

Zip

**34237**

Country

**Sarasota**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0907351**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BONE, DAVID D  
 1952 FIELD ROAD  
 SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name **David D. Bone**

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

**100 Wallace Avenue**

**Suite 100**

City **Sarasota**

**FL**

Zip Code

**34237**

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

**1/23/02**

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, 2002 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 ☐ Delete

NAME **D MERRINGTON, ALAN**  
 STREET ADDRESS **1235 SOUTHPORT DR**  
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE ☐ Delete

NAME **D MERRINGTON, LYNNE**  
 STREET ADDRESS **1235 SOUTHPORT DR**  
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE ☐ Delete

NAME **D MERRINGTON, BRETT**  
 STREET ADDRESS **1235 SOUTHPORT DR**  
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE ☐ Delete

NAME  
 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 ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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)

**MERRINGTON**

**Jan 24/02**

**941 350 8038**

Date

Daytime Phone #

CR2E034 (9/01)