

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90215 015 ***150.00

DOCUMENT # P99000080456

1. Entity Name
BOCA MESSENGER, INC.



Principal Place of Business
**7146 NW 78 PLACE
PARKLAND, FL 33067**

Mailing Address
**7146 NW 78 PLACE
PARKLAND, FL 33067**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOWARD, WILLIAM M
2 S. UNIVERSITY DRIVE
SUITE 280
PLANTATION, FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent's signature required when registering)

DATE

**FILE NOW WITH FEE OF \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **NABRIDGE, BRETT**
CITY-ST-ZIP **7146 N.W. 78TH PLACE
PARKLAND, FL 33067**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-01-03

Date

561-654-3300

Daytime Phone #

CR2E034 (10/02)

Attachment #

90136751

099000080456

To whom it may concern,

I have lost my original paperwork and am sorry for the delay. I spoke with A Ms. Marie Jacobs who said that I could attach A letter to the form I printed off of the computer with my \$150.00 check and this would be acceptable. If there is any problem I may be reached at (954) ~~222-1111~~ and will list my mailing address. Thank you.

575-4180

Brett Nabridge
Boca Messenger Inc.

7146 NW 78 Place
Parkland, FL 33067