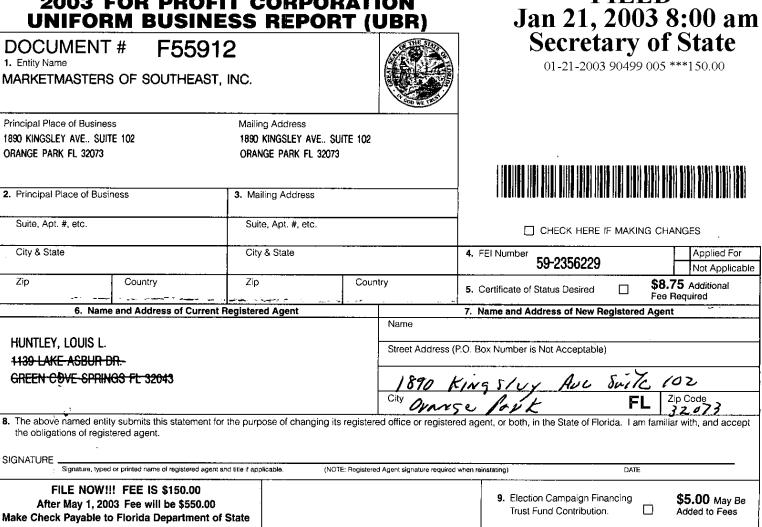
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F55912

1. Entity Name

MARKETMASTERS OF SOUTHEAST, INC.



Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME ORREN, ROY H. STREET ADDRESS STREET ADDRESS 1139 LAKE ASBURY DRIVE CITY-ST-7IP CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HUNTLEY, LOUIS L. NAME STREET ADDRESS STREET ADDRESS 104 MILWAUKEE AVENUE CITY-ST-7IP CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P

12. I hereby certify that the information supplied with this filling 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.

H. Oryen/rusiden/ 1-8-03 904-272-0475 ECTOR Date Dayline Phone #

FILED