2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # H14363** 1. Entity Name MASTERPIECE SYSTEMS, INC. 25-2001 90379 012 ***150 00 Principal Place of Business Mailing Address 408 COLORADO AVE. 408 COLORADO AVE. STUART FL 34994 STUART FL 34994 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2428341 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOWERS, JEFFERY A. Street Address (P.O. Box Number is Not Acceptable) 728 MICHAEL'S COURT STUART FL 34996 315 St.Lucie Blvd. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so: After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE Change Addition DP TITLE NAME NAME BOWERS, JEFFERY A. 315 St.Lucie Blvd. STREET ADDRESS STREET ADDRESS 728 MICHAELS COURT CITY-ST-ZIP CITY-ST-ZIP STUART FL TITLE Change Addition ☐ Delete TITLE DS NAME NAME **BOWERS, LISA** 315 St.Lucie Blvd. STREET ADDRESS STREET ADDRESS 728 MICHAEL'S COURT CITY-ST-7IP CITY-ST-ZIP STUART FL TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME BOWERS, BARBARA J. STREET ADDRESS STREET ADDRESS 700 E PARKWAY CITY-ST-ZIP CITY-ST-ZIP STUART FL ☐ Delete TITLE Change ☐ Addition TITLE ٧D NAME NAME BOWERS, SCOTT M 140 Flamingo Ave. STREET ADDRESS STREET ADDRESS 700 E PARKWAY CITY-ST-ZIP CITY-ST-ZIP STUART FL 34996 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-283-2096

CR2E034 (10/00)