

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000051536

1. Entity Name

M.A.S. CONSOLIDATION, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90015 029 ***150.00

Principal Place of Business

**416 MAIN STREET
 TRENTON FL 32693**

Mailing Address

**P.O. BOX 1267
 TRETON FL 32693-1267**

2. Principal Place of Business

22432 NW 78 Ave.

3. Mailing Address

22432 NW 78 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Alachua, FL

City & State
Alachua, FL

4. FEI Number

59-3327353

Applied For

Not Applicable

Zip
32615

Country
U.S.A.

Zip
32615

Country
U.S.A.

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

**BOWMAN, MARY S
 22432 NW 78 AVE
 ALACHUA FL 32615**

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

Mary S. Bowman *President*

2-18-2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, MARY S	NAME	
STREET ADDRESS	22432 NW 78TH AVE	STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32615	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, MARY W	NAME	
STREET ADDRESS	820 NORTHEAST 11TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSALETO, PATRICIA A	NAME	Kirby, Patricia A.
STREET ADDRESS	1831 SE 13TH STREET	STREET ADDRESS	1831 SE 13th St., Ocala, FL 34471
CITY-ST-ZIP	OCALA FL 34471	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, ROBIN H	NAME	V/D Welch, Robin H.
STREET ADDRESS	5115 SOUTHWEST 21ST STREET	STREET ADDRESS	4203 NW 70th Ave.
CITY-ST-ZIP	OCALA FL 34474	CITY-ST-ZIP	Ocala, FL 34482
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Mary S. Bowman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mary S. Bowman, President/Director

2-18-2000
 Date

(904) 462-6311
 Daytime Phone #

CR2E034 (9/99)