

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90107 001 ***150.00

0491107 AV

DOCUMENT # 283125

1. Entity Name
MASTRY MARINE AND INDUSTRIAL SUPPLY, INC.



Principal Place of Business
**2801 ANVIL ST N
SAINT PETERSBURG FL 33710**

Mailing Address
**2801 ANVIL ST N
SAINT PETERSBURG FL 33710**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1083881**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MASTRY, CONSTANTINE E.
8360 -73RD CT
PINELLAS PARK FL 33781**

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 signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$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: **VD** ☐ Delete
NAME: **MASTRY, RICHARD**
STREET ADDRESS: **2220 PINELLAS PT DR**
CITY-ST-ZIP: **ST. PETERSBURG FL**

TITLE: ☒ Change ☐ Addition
NAME: **ST. PETERSBURG, FL 33712**
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: **PD** ☐ Delete
NAME: **MASTRY, CONSTANTINE E.**
STREET ADDRESS: **8360 73RD COURT**
CITY-ST-ZIP: **PINELLAS PARK FL 33781**

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

TITLE: **SD** ☐ Delete
NAME: **MASTRY, ADIB A.**
STREET ADDRESS: **1281 79TH ST S**
CITY-ST-ZIP: **ST PETERSBURG FL**

TITLE: ☒ Change ☐ Addition
NAME: **ST PETERSBURG FL 33707**
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: **TD** ☐ Delete
NAME: **YARNS, DOUGLAS W**
STREET ADDRESS: **5590 32ND AVE N**
CITY-ST-ZIP: **ST PETERSBURG FL**

TITLE: ☒ Change ☐ Addition
NAME: **5725 12TH AVE. N., #301 D**
STREET ADDRESS: **ST. PETERSBURG, FL 33710**
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
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: Constantine E. MASTRY **CONSTANTINE E. MASTRY** 2/18/03 727 522 9471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)