

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 492864

1. Entity Name

MASTER CONSTRUCTION, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90039 041 \*\*\*150.00

Principal Place of Business

Mailing Address

215 OLD SANFORD OVIEDO RD  
 WINTER SPRINGS FL 32708  
 US

P O BOX 196877  
 WINTER SPRINGS FL 32719  
 US

2. Principal Place of Business

3. Mailing Address

25 E. 13th Street

25 E. 13th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 4

Suite 4

City & State

City & State

St. Cloud FL

St. Cloud FL

Zip

Country

Zip

Country

34769

Osceola

34769

Osceola

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORTNER, JIMMIE  
 308 E. GREENTREE LANE  
 LAKE MARY FL 32746

Name

Street Address (P.O. Box Number is Not Acceptable)

25 E. 13th Street

Suite 4

City

St. Cloud

FL

Zip Code

34771

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 Jimmie Fortner President

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

(Not for Registered Agent signature required when reinstating)

3-21-2001

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, 2001 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

TITLE DV ☐ Delete  
 NAME FORTNER, LINDA  
 STREET ADDRESS 5365 RAMBLING RD  
 CITY-ST-ZIP SAINT CLOUD FL 34771

TITLE ☒ Change ☐ Addition  
 NAME ☒ Change  
 STREET ADDRESS 4845 Citrus Oak Lane  
 CITY-ST-ZIP St. Cloud FL 34771

TITLE PD ☐ Delete  
 NAME FORTNER, JIMMIE  
 STREET ADDRESS 5365 RAMBLING RD  
 CITY-ST-ZIP SAINT CLOUD FL 34771

TITLE ☒ Change ☐ Addition  
 NAME ☒ Change  
 STREET ADDRESS 4845 Citrus Oak Lane  
 CITY-ST-ZIP St. Cloud, FL 34771

TITLE T ☐ Delete  
 NAME FORTNER, ROBERT "MITCH"  
 STREET ADDRESS 11101 TINDALL RD  
 CITY-ST-ZIP ORLANDO FL 32832

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

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

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: Jimmie Fortner President  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-2001 (407) 891-0700  
 Date Daytime Phone #

CR2E034 (10/00)