

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90060 014 ***158.75

DOCUMENT # 521818

1. Entity Name

FIVE MASTER'S CORPORATION

Principal Place of Business

Mailing Address

~~178 CUE LAKE DR.~~
178 CUE LAKE DR.
HAWTHORNE FL 32640
US

~~178 CUE LAKE DR.~~
178 CUE LAKE DR.
HAWTHORNE FL 32640-4144
US

803987



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Change

Suite, Apt. #, etc.

Change

City & State

City & State

4. FEI Number

59-2519842

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

RICHARDSON, CHARLES

~~ROUTE 2, BOX 389E~~ **178 CUE LAKE DR.**
HAWTHORNE FL 32640

Name

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

JAMIE

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

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

TITLE Delete
PT
 NAME **RICHARDSON, THERESA**
 STREET ADDRESS ~~ROUTE 2, BOX 389E~~ **178 CUE LK. DR.**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
 STREET ADDRESS **RICHARDSON, ROBERT D**
 CITY-ST-ZIP **ROUTE 2, BOX 389E** "RESIGNED"
HAWTHORNE FL

TITLE Change Addition
 NAME **S**
 STREET ADDRESS **FRANCIS FLYNN**
 CITY-ST-ZIP **P.O. BOX 57 MELROSE FL.**
32666

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
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TITLE Delete
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
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 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:

Theresa Richardson "Pres." 1/17/00

352-475 1247

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CPRE034 (9/99)