## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 16, 2000 8:00 am Secretary of State **DOCUMENT # 603925** 1. Entity Name MASTERSON, ROGERS, MASTERSON & LOPEZ, P.A. 05-16-2000 90179 037 \*\*\*150.00 Mailing Address Principal Place of Business 699 FIRST AVE N. 699 FIRST AVE N. ST PETERSBURG FL 33701 . ST PETERSBURG FL 33701-3601 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1425440 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MASTERSON, THOMAS D Street Address (P.O. Box Number is Not Acceptable) 699 1ST AV N ST PETERSBURG FL 33701 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 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 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE MASTERSON, THOMAS D NAME NAME STREET ADDRESS STREET ADDRESS 699 FIRST AVE N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG, FL 00000 Change ☐ Addition ☐ Delete TITLE TITLE LOPEZ, KAREN B NAME NAME STREET ADDRESS 699 FIRST AVENUE N STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL CITY-ST-ZIP ☐ Addition ☐ Delete Change TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-718 ☐ Change Addition TITLE ☐ Delete 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 in 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 empower diseasecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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