## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED **DOCUMENT # 825383** Jan 20, 2000 8:00 am Secretary of State FRANK MASCALI AND SONS, INC. 01-20-2000 90219 025 \*\*\*150.00 Mailing Address Principal Place of Business 411 RIVER BAY DRIVE 411 RIVER BAY DRIVE TAMPA FL 33619-4026 **TAMPA FL 33619** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 11-1608096 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MASCALI, FRANK C Street Address (P.O. Box Number is Not Acceptable) 411 RIVER BAY DRIVE **TAMPA FL 33619** City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition ☐ Delete TITLE TITLE MASCALI, FRANK C. NAME NAME 314 CAMBRIDGE PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRANDON FL ☐ Addition ☐ Change Delete TITLE TITLE FAIRFIELD. DOLORES NAME NAME STREET ADDRESS 7974 SAILBOAT KEY BLVD #705 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF S PASDENA FL **Change** Addition ☐ Delete TITLE TITLE MASCALI. EDITH M NAME 7974 SAILBOAT KEY BLVD H804 5147 FOX HUNT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP WESLEY CHAPEL FL CITY-ST-ZIP S.PASADENA, FL Addition ☐ Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete -TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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.

Daytime Phone #