

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/13

FILED

May 05, 2001 8:00 am  
Secretary of State

04-13-2001 90091 023 \*\*\*150.00

DOCUMENT # 825383

1. Entity Name

FRANK MASCALI AND SONS, INC.

Principal Place of Business

411 RIVER BAY DRIVE  
TAMPA FL 33619

Mailing Address

411 RIVER BAY DRIVE  
TAMPA FL 33619

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 11-1608096

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MASCALI, FRANK C  
411 RIVER BAY DRIVE  
TAMPA FL 33619

7. Name and Address of New Registered Agent

Name  
EDITH M. MASCALI  
Street Address (P.O. Box Number is Not Acceptable)  
7974 SAILBOAT KEY BLVD #804  
City SOUTH PASADENA FL Zip Code 33707

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

*Edith M. Mascali*

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, 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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MASCALI, FRANK C.	
STREET ADDRESS	314 CAMBRIDGE PLACE	
CITY-ST-ZIP	BRANDON FL	
TITLE	8 VP	<input type="checkbox"/> Delete
NAME	FAIRFIELD, DOLORES	
STREET ADDRESS	7974 SAILBOAT KEY BLVD	
CITY-ST-ZIP	S-PASADENA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	MASCALI, EDITH M	
STREET ADDRESS	7974 SAILBOAT KEY BLVD #804	
CITY-ST-ZIP	S PASADENA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD MASCALI	
STREET ADDRESS	97 STONEWALL CR	
CITY-ST-ZIP	N HARRISON, N.Y. 10604	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Dolores J. Fairfield* DOLORES J. FAIRFIELD 4/4/01 813-621-1091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)