

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G50888

1. Entity Name

TOWSTOR MASTER SYSTEMS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90263 014 ***150.00

Principal Place of Business

415 MONTGOMERY ROAD
101
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

415 MONTGOMERY ROAD
101
ALTAMONTE SPRINGS FL 32714
US

2. Principal Place of Business

3190 S. Highway 17-92

Suite, Apt. #, etc.

#116

3. Mailing Address

P.O. Box 727

Suite, Apt. #, etc.

City & State

Casselberry, FL

City & State

Eustis, FL

Zip

32707

Country

Zip

32727-0727

Country

4. FEI Number

59-2408896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPLAN, ALLAN
415 MONTGOMERY RD
SUITE 2145
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name

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

3190 S. Highway 17-92

Suite 116

City

Casselberry

FL

Zip Code

32707

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHIANO, STEPHANIE	
STREET ADDRESS	116 LAKEPOINTE CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAPLAN, CAROL J.	
STREET ADDRESS	106 SAND PINE LANE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CAPLAN, ALLAN	
STREET ADDRESS	106 SAND PIPE LANE	
CITY-ST-ZIP	LONGWOOD 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	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-00

4077882884

CR2E034 (9/99)