

2000 UNIFORM BUSINESS REPORT (UBR) *Amended*

DOCUMENT # H63578

1. Folly Name
MASSARO & ASSOCIATES, INC.

FILED

00 AUG -2 AM 11:22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: **305 MAIN STREET DUNEDIN FL 34698 US**
 Mailing Address: **305 MAIN STREET DUNEDIN FL 34698-5733 US**

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 **59-2549522** Applied Fee Not Applicable

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

6. Name and Address of Current Registered Agent
**MASSARO, DANIEL V.
 305 MAIN STREET
 DUNEDIN FL 34698**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 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.
000003368160--2
-08/23/00--01016--006

SIGNATURE: _____ (Signature, typed or printed name of registered agent and title if applicable) (If FEI - Registered Agent signature required when new listed) *****61.25 *****61.25

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: PST	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DANIEL V MASSARO		NAME: _____	
STREET ADDRESS: 305 MAIN ST		STREET ADDRESS: _____	
CITY-STATE-ZIP: DUNEDIN FL		CITY-STATE-ZIP: _____	
TITLE: D	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MASSARO, DANIEL V.		NAME: _____	
STREET ADDRESS: 305 MAIN ST		STREET ADDRESS: _____	
CITY-STATE-ZIP: DUNEDIN FL		CITY-STATE-ZIP: _____	
TITLE: VP	<input checked="" type="checkbox"/> Delete	TITLE: Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: SANCHEZ, SERVANDO J		NAME: John Byron Ungerer	
STREET ADDRESS: 305 MAIN STREET		STREET ADDRESS: 2682 Augusta Drive North	
CITY-STATE-ZIP: DUNEDIN FL		CITY-STATE-ZIP: Clearwater, FL 33761	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-STATE-ZIP: _____		CITY-STATE-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-STATE-ZIP: _____		CITY-STATE-ZIP: _____	

13. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 alternate name with an address, with all other like empowered.

SIGNATURE: *[Signature]* - Daniel V. Massaro, Pres. **7-26-00** 727-736-2553
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR 00400000