

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90029 013 ***150.00

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DOCUMENT # H77213

1. Entity Name
MASSACHUSETTS AVENUE, INC.



Principal Place of Business
**8801 RIVER CROSSING BLVD.
NEW PORT RICHEY FL 34655
US**

Mailing Address
**8801 RIVER CROSSING BLVD.
NEW PORT RICHEY FL 34655
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2589078**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRASHER, C. JOHN
2739 US HWY 19
SUITE 201
HOLIDAY FL 34691**

Name

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

8801 River Crossing Blvd

City **New Port Richey**

FL

Zip Code

34655

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BRASHER, C. JOHN
2739 US HWY 19 STE 201
HOLIDAY FL 34691** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**8801 River Crossing Blvd.
New Port Richey, FL 34655** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MINIERI, CARL
29656 US HWY 19N, STE 100
CLEARWATER FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HUDSON, JOHN E.
2739 US HWY 19 STE 201
HOLIDAY FL 34691** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**8801 River Crossing Blvd.
New Port Richey, FL 34655** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SILVA, SUSAN
8801 RIVER CROSSING BLVD
NEW PORT RICHEY FL 34655** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)