

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J85603

1. Entity Name

MASTER TECH IMPORTS, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90419 019 ***158.75

Principal Place of Business

4006 PROGRESS AVE.
NAPLES FL ~~33942~~

Mailing Address

4006 PROGRESS AVE.
NAPLES FL ~~33942~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

34104

Country

Zip

34104

Country

4. FEI Number 59-2830280

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NIESEN, CHARLES E.
5780 24TH AVENUE SW
NAPLES FL 33909

Name

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

5780 STAR GRASS LANE

City

FL

Zip Code

34116

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SILVERWOOD, DALE T.
STREET ADDRESS 335 31ST ST SOUTHWEST
CITY-ST-ZIP NAPLES FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS NAPLES FL 34117
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME NIESEN, CHARLES E.
STREET ADDRESS 5780 24TH AVE SW
CITY-ST-ZIP NAPLES FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5780 STAR GRASS LANE
CITY-ST-ZIP NAPLES FL 34116

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: *Charles E. Niesen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES E. NIESEN 04/24/01 941 643 4737

Date

Daytime Phone #

CR2E034 (10/00)