

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90034 035 ****50.00

DOCUMENT # L02000012631

1. Entity Name
MASON ENTERPRISES, LLC



Principal Place of Business
**4221 ESCONDITO CIRCLE
SARASOTA FL 34238**

Mailing Address
**4221 ESCONDITO CIRCLE
SARASOTA FL 34238**

20023465



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

501 N. Beneva Suite 210
Suite, Apt. #, etc.
210

3. Mailing Address

P.O. Box 50277
Suite, Apt. #, etc.

City & State

Sarasota, FL.

City & State

Sarasota, FL.

4. FEI Number

03-0452367

Applied For

Not Applicable

Zip

34232

Country

U.S.

Zip

34232

Country

U.S.

5. Certificate of Status Desired

N/A

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MASON, JAMES
4221 ESCONDITO CIRCLE
SARASOTA FL 34238**

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. 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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **James F. Mason**
STREET ADDRESS **4221 Escondito Cr.**
CITY-ST-ZIP **Sarasota, FL 34238**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/13/03 944-544-6631

CR2E083 (10/02)