

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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

04-17-2003 90028 031 ****50.00

DOCUMENT # L02000028137



1. Entity Name

MASCO EQUITY GROUP, LLC

Principal Place of Business

2042 BEE RIDGE ROAD
SARASOTA FL 34239

Mailing Address

2042 BEE RIDGE ROAD
SARASOTA FL 34239

2. Principal Place of Business

5529 Eastwind Drive

3. Mailing Address

5529 Eastwind Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number

01-0750580

Applied For

Not Applicable

Zip

34233

Country

Sarasota

Zip

34233

Country

Sarasota

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VOIGT, STEPHEN F SR, ESQ
7672 39TH STREET CIRCLE EAST
SARASOTA FL 34243

2042 Bee Ridge Rd
Sarasota, FL
34239

7. Name and Address of New Registered Agent

Name Voight, Stephen F SR, ESQ

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

2042 Bee Ridge Road

City Sarasota

FL

Zip Code 34239

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
NAME KOLBE, SCOTT L
STREET ADDRESS 7672 39TH STREET CIRCLE
CITY-ST-ZIP SARASOTA FL 34243 ☐ Delete

TITLE Partner MGRM
NAME Jo Flatch, Jason
STREET ADDRESS 5529 Eastwind Drive
CITY-ST-ZIP Sarasota, FL 34233 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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

SIGNATURE REQUIRED

4/14/03

9419241986

Date

Daytime Phone #

CP2E083 (10/02)