2002 UNIFORM BUSINESS REPORT (UBR)

Jul 16, 2002 8:00 am Secretary of State DOCUMENT # L53762 1. Entity Name " MASON OF TAMPA, INC. 07-16-2002 90359 036 ***550.00 Principal Place of Business Mailing Address 1475 W 49TH ST 1475 W 49TH ST HÍALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0183163 Applied For Zip Country Not Applicable Country 5. Certificate of Status Desired \$8.75 Additional =6. Name and Address of Current Registered Agent Fee:Required: 7. Name and Address of New Registered Agent Name R. JAMES ROBBINS, JR, . . 101 EAST KENNEDY BOULEVARD Street Address (P.O. Box Number is Not Acceptable) **SUITE 3700** TAMPA FL 33602-0000 City 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 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 FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 10. Election Campaign Financing (See criteria on back) \$5.00 May Be Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPS ☐ Delete NAME ROBINSON, WILLIAM R. ☐ Addition STREET ADDRESS 1475 W. 49TH ST STREET ADDRESS CITY-ST-ZIP HIALEAH FL CITY-ST-ZIP TITLE . Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-7IP

STREET ADDRESS

SIGNATURE:

SOUS TORE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF CER OR DIRECTOR

POT 328-1013

FILED