

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000991

1. Entity Name

TUB-MASTER, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 11:40

Principal Place of Business

413 VIRGINIA DRIVE
ORLANDO FL 32853

Mailing Address

413 VIRGINIA DRIVE
ORLANDO FL 32803-1842

c/o David A. Webster, Esq

2. Principal Place of Business

3. Mailing Address Unger, Webster
Swartwood & Acree, PA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

701 Peachtree Road

City & State

City & State

Orlando, FL

Zip

Country

Zip
32304

Country
USA

4. FEI Number

59-3349049

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOTOLAW, INC.
413 VIRGINIA DRIVE
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name
UWSA Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
701 Peachtree Road

City
Orlando

FL

Zip Code
32804

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME WEBSTER, DAVID A
STREET ADDRESS 413 VIRGINIA DRIVE
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE MGR
NAME JOHNSON, CHARLES
STREET ADDRESS 413 VIRGINIA DRIVE
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE Mgr.
NAME Webster, David A
STREET ADDRESS 701 Peachtree Road
CITY-ST-ZIP Orlando, FL 32804 ☒ Change ☐ Addition

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

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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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 OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)