

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State
 08-03-2000 90034 048 ***150.00

DOCUMENT # M83931

1. Entity Name
MASTER'S BRUSH SIGNS, INC.

Principal Place of Business
**220 DOUGLAS RD E
 STE 1
 OLDSMAR FL 34677
 US**

Mailing Address
**220 DOUGLAS RD E.
 STE. 1
 OLDSMAR FL 34677
 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-2899211**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ZAJAC, KONSTANTY
 3284 TARPON WOOS BLVD
 PALM HARBOR FL 34685**

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.

SIGNATURE _____ (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 \$550.00
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	D ZAJAC, KONSTANTY 3284 TARPON WOODS BLVD PALM HARBOR FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **7/27/00** **813-8556266**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

*Attachment m8393/
B0104153*

Master's Brush Signs, Inc.

**3284 Tarpon Woods Boulevard
Palm Harbor, FL 34685**

**Telephone (813) 855-6266
Fax (813) 855-6266**

July 27, 2000

**State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

**Re: Master's Brush Signs, Inc.
EIN 59-2899211**

Dear Sir or Madam:


It has been brought to my attention that the annual report for Master's Brush Signs, Inc. has not been filed with your office.

I have discovered that the annual report was never received at our business address. It was apparently mishandled by the postal system.

Please accept out check in the amount of \$150.00 representing the annual fee.

I appreciate your cooperation.

Sincerely,


**Konstanty Zalac
President**