

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000003130

FILED
Jul 20, 2002
Secretary of State

Entity Name: MASHACH DEVELOPMENT AGENCY, INCORPORATED

Current Principal Place of Business:

13826 98 BY PASS RD
DADE CITY, FL 33523

New Principal Place of Business:

37135 MERIDIAN AVENUE
DADE CITY, FL 33523

Current Mailing Address:

P.O. BOX 1514
DADE CITY, FL 325261514

New Mailing Address:

FEI Number: 59-3608533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, DOMETA
38740 11TH AVENUE
ZEPHYRHILLS, FL 33540 US

Name and Address of New Registered Agent:

MILLER, DOMETA
38934 NORTH AVENUE
ZEPHYRHILLS, FL 33540 US

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:

07/20/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCCLENDON, JESSE
Address: 14419 DELMAR STREET
City-St-Zip: DADE CITY, FL 33523

Title: V () Delete
Name: COWARD, SAUNDRA
Address: 20716 WORMACK ROAD
City-St-Zip: DADE CITY, FL 33523

Title: T () Delete
Name: REED, FREDDIE
Address: 37304 MOCERI AVENUE
City-St-Zip: DADE CITY, FL 33523

Title: S () Delete
Name: GLOVER-STEELE, CYNTHIA A
Address: 38934 OLD SPARKMAN STREET
City-St-Zip: DADE CITY, FL 33523

Title: T () Delete
Name: TUCKER, MAXINE
Address: 14610 OSCEOLA ST
City-St-Zip: DADE CITY, FL 33523

Title: T () Delete
Name: THOMPkins, STEPHANIE
Address: 14661 DOUGLAS DRIVE
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAXINE TUCKER

T

07/20/2002

Electronic Signature of Signing Officer or Director

Date