## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N01000002392

Entity Name: MASALA, INC.

FILED May 01, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6318 BARRY DRIVE JACKSONVILLE, FL 32208 **Current Mailing Address: New Mailing Address:** 6318 BARRY DRIVE JACKSONVILLE, FL 32208 FEI Number: 01-0606164 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WRIGHT, MERLE O 6318 BARRY DRIVE JACKSONVILLE, FL 32208 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: D/S () Change () Addition () Delete BROWN, FLORIDA C Name: Name: 2529 SPRINGMONT STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MERRITT, JAMES Name: Address: 4634 HARBOR VIEW DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition GRISWOLD, VELMA Name: GRISWOLD, VELMA Name: 10937 REGENCY DRIVE 10937 REGENCY DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32218 Title: D/C ( ) Delete Title: () Change () Addition Name: MELVIN, WRIGHT F Name: 6318 BARRY DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: Title: () Delete Title: () Change () Addition WRIGHT, SHARON Name: Name: 6640 LENCZYK DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition SIPLIN. LAMERLE SIPLIN. LAMERLE Name: Name: Address: 2433 LANTANA AVENUE Address: 2433 LANTANA AVENUE JACKSONVILLE, FL 32209 JACKSONVILLE, FL 32209 City-St-Zip: 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: MERLE ODESSA WRIGHT ED 05/01/2003

SHARON CASPER - DIRECTOR 7543 CARROLL STREET JACKSONVILLE, FL 32208