

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-20-2002 90054 015 ****61.25

DOCUMENT # N01000006027

1. Entity Name

THE MASTERS HOUSE, INC.

Principal Place of Business

Mailing Address

**856 MUSSLEWHITE RD
 CALLAHAN FL 32011**

**856 MUSSLEWHITE RD
 CALLAHAN FL 32011**

20194



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

59-3745392

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**PAGE, TIMOTHY K
 856 MUSSLEWHITE RD
 CALLAHAN FL 32011**

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **TP**
 STREET ADDRESS **PAGE, TIMOTHY K**
 CITY-ST-ZIP **856 MUSSLEWHITE RD
 CALLAHAN FL 32011**

TITLE ☐ Delete
 NAME **TV**
 STREET ADDRESS **LANTRY, WILLIAM D**
 CITY-ST-ZIP **2455 WEDGEFIELD BLVD
 JACKSONVILLE FL 32211**

TITLE ☐ Delete
 NAME **TST**
 STREET ADDRESS **SWAIN, DALE J.**
 CITY-ST-ZIP **433 CASHIERS COVE RD
 JACKSONVILLE FL 32225**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DALE J. SWAIN

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 28, 2002 (904) 262-2005
 Date Daytime Phone # **X10**

CR2E037 (9/01)