

FILED  
Feb 14, 2003 8:00 am  
Secretary of State

01-27-2003 90193 050 \*\*\*\*61.25

2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # N02000001517

1. Entity Name

MASQUE AND GAVEL, INC.



Principal Place of Business

450 S E PALM ISLAND  
CLEARWATER FL 33767

Mailing Address

450 S E PALM ISLAND  
CLEARWATER FL 33767

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 01-0627110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROPHIE, VANESSA  
450 S E PALM ISLAND  
CLEARWATER FL 33767

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ROPHIE, VANESSA  
STREET ADDRESS 450 S E PALM ISLAND  
CITY-ST-ZIP CLEARWATER FL 33767 ☐ Delete

TITLE VD  
NAME CASTALDI, AMY  
STREET ADDRESS 1333 EVERGREEN AVENUE  
CITY-ST-ZIP CLEARWATER FL 33756 ☒ Delete

TITLE TD  
NAME LAURENTI, DAN  
STREET ADDRESS 2165 ACADEMY DRIVE  
CITY-ST-ZIP CLEARWATER FL 33784 ☐ Delete

TITLE SD  
NAME SHARP, DEBBIE  
STREET ADDRESS 1852 ELMHURST DRIVE  
CITY-ST-ZIP CLEARWATER FL 33765 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VD  
NAME Mary Jonap  
STREET ADDRESS 1361 Great Oak Dr. Clearwater, FL  
CITY-ST-ZIP 33764 ☐ Change ☒ Addition

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

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

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

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

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:

*Vanessa Rophie*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-03

(727)442-0022

CR2E037 (10/02)