

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N25132

FILED  
Apr 27, 2002 8:00 AM  
Secretary of State

Entity Name: MASTERSERVE ASSOCIATES, INC.

**Current Principal Place of Business:**

P O BOX 9588  
FT. LAUDERDALE, FL 333106588

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 9588  
FT. LAUDERDALE, FL 333106588

**New Mailing Address:**

FEI Number: 65-0190502      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SITTER, GENE  
2526 W. OAKLAND PARK BLVD.  
FT. LAUDERDALE, FL 33311      US

**Name and Address of New Registered Agent:**

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:**

Title: PD      ( ) Delete  
Name: SITTER, GENE C  
Address: 2526 W. OAKLAND PARK BOULEVARD  
City-St-Zip: FT. LAUDERDALE, FL

Title: SD      ( ) Delete  
Name: SITTER, LORETTA M  
Address: 2526 W. OAKLAND PARK BLVD.  
City-St-Zip: FT. LAUDERDALE, FL

Title: CD      ( ) Delete  
Name: CHRIST, J  
Address: 2526 W. OAKLAND PARK BLVD.  
City-St-Zip: FT. LAUDERDALE, FL

**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:

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: GENE C. SITTER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

D

04/27/2002

\_\_\_\_\_  
Date