

2001-2002 **NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N47132**

1. Entity Name

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4250 Laurel Crest Ct

Suite, Apt. #, etc.

Mulberry

City & State

FL

Zip

33860

Country

US

3. Mailing Address

P.O. Box 5284

Suite, Apt. #, etc.

Lakeland FL

City & State

Zip

33811

Country

US

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Diandra Mason

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

4250 Laurel Crest Ct

City

Mulberry

FL

Zip Code

33860

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

Diandra Mason

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-30-02

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. **PO** OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIANDRIA MASON
4250 Laurel Crest Ct
Mulberry, FL 33860**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~**SD
Ed Rhead
4001 Laurel Crest Dr**~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
John Cox
3881 Laurel Crest Dr.
Mulberry, FL 33860**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TID
Suzette Strickland
3735 Twilight Dr
Mulberry FL 33860**

TITLE
NAME
STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Diandra Mason

9-30-02

863-647-1739

CR2E037B (12/01)