

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-14-2003 90916 008 ***150.00

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1. Entity Name
MASON REALTY, INC.



Principal Place of Business
**2190 J & C BLVD.
NAPLES FL 34109**

Mailing Address
**2190 J & C BLVD.
NAPLES FL 34109**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0977317**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CLARY, MARY BETH M ESQ
5801 PELICAN BAY BLVD., SUITE 300
NAPLES FL 34108-2709**

7. Name and Address of New Registered Agent

Name
STEVEN J. MULLERSMAN
Street Address (P.O. Box Number is Not Acceptable)
2190 J & C BLVD.
City **NAPLES** FL Zip Code **34109**

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 *Steven J. Mullersman*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/4/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MASON, MONICA L**
STREET ADDRESS **8800 VERDE CRUIZ WAY**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **2190 J & C BLVD.**
CITY-ST-ZIP

TITLE **VPT** ☐ Delete
NAME **MASON, JOE L**
STREET ADDRESS **8800 VERDE CRUIZ WAY**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **VPTD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **2190 J & C BLVD.**
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **MULLERSMAN, STEVEN J**
STREET ADDRESS **2190 J & C BLVD.**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2190 J & C BLVD.**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 607, 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: *STEVEN J. MULLERSMAN*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/3/03** 239-591-0100
Daytime Phone #

CR2E034 (10/02)