

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000012838

1. Entity Name

MASTER MANAGEMENT SERVICES OF CENTRAL FLORIDA, I

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90145 039 ***158.75

907412



DO NOT WRITE IN THIS SPACE

Principal Place of Business

245 SUNSET COURT
DAVENPORT FL 33837

Mailing Address

245 SUNSET COURT
DAVENPORT FL 33837

2. Principal Place of Business

1633 EAST VINE ST.

Suite, Apt. #, etc.

SUITE 120

3. Mailing Address

1633 EAST VINE ST

Suite, Apt. #, etc.

SUITE 120

City & State

KISSIMMEE FL.

City & State

KISSIMMEE FL.

Zip

34744

Country

Zip

34744

Country

4. FEI Number

59-3621271

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAW, MARGARET A
245 SUNSET COURT
DAVENPORT FL 33837

7. Name and Address of New Registered Agent

Name

SHAW, MARGARET A.

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

1633 EAST VINE STREET

SUITE 120, KISSIMMEE

City

FL

Zip Code

34744

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

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

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHAW, BRIAN M	
STREET ADDRESS	245 SUNSET COURT	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHAW, MARGARET A	
STREET ADDRESS	245 SUNSET COURT	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW BRIAN M.	
STREET ADDRESS	1633 EAST VINE STREET, SUITE 120	
CITY-ST-ZIP	KISSIMMEE FL. 34744	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW MARGARET A.	
STREET ADDRESS	1633 EAST VINE STREET, SUITE 120	
CITY-ST-ZIP	KISSIMMEE FL. 34744	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

M. Shaw MARGARET A. SHAW (VD)

17/1/2001

407-932-0515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)