2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000012838

FILED May 01, 2002 8:00 AM Secretary of State

Entity Name: MASTER MANAGEMENT SERVICES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
1				
59-3621271	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address	Name and Address of New Registered Agent:	
Γ VINE STREE	т			
	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
RE:				
Electronic Signature of Registered Agent		ent	Date	
		quirement and elects to do so (X).		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
SHAW, BRIAN 1633 EAST VIN	M E STREET SUITE 120	Title: Name: Address: City-St-Zip:	() Change () Addition	
VD (Delete	Title: Name:	() Change () Addition	
	T VINE ST E, FL 34744 lailing Address I VINE ST E, FL 34744 E 59-3621271 I Address of C ARGARET A I VINE STREE E, FL 34744 named entity se of Florida. RE: Electron ation is eligible to mpaign Financing S AND DIREC PD () SHAW, BRIANI 1633 EAST VIN KISSIMMEE, FI	E, FL 34744 lailing Address: If VINE ST E, FL 34744 E 59-3621271 FEI Number Applied For () If Address of Current Registered Agent: ARGARET A If VINE STREET E, FL 34744 In named entity submits this statement for the period of Florida. RE: Electronic Signature of Registered Agent ation is eligible to satisfy its Intangible Tax filing recompaign Financing Trust Fund Contribution (). S AND DIRECTORS: PD () Delete SHAW, BRIAN M 1633 EAST VINE STREET SUITE 120 KISSIMMEE, FL 34744	E, FL 34744 Section Fel Number Applied For () Fel Number Not Applicable ()	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET SHAW VD 05/01/2002