## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Aug 21, 2001 8:00 am Secretary of State P00000017374 DOCUMENT # 1. Entity Name D & M MASON ENTERPRISES, INC. 08-21-2001 90008 016 \*\*\*150.00 Principal Place of Business Mailing Address 21120 PRESTWICK AVENUE POST OFFICE BOX-2888 MOUNT-PLYMOUTH FL-02776 ,08700000000e Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Country 8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MASON, MARGARET E CRYSTAL RIVER, FL. 344 Street Address (P.O. Box Number is Not Acceptable) 91126 PRESTWICK AVENUE Zip Code 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change ☐ Addition TITLE □ Delete TITLE MASON, DANIEL E NAME NAME POST-OFFICE DOX-2883 -- N/A-STREET ADDRESS STREET ADDRESS APOPKA FL 32704-2883 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE MASON, MARGARET E NAME NAME STREET ADDRESS POST-OFFIGE BOX-2888---N/A-> STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP A<del>POPKA FL 32704:2883</del> TÎTLE' 🖘 🖅 : Defete 🤝 -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITI F

☐ Delete

Change

☐ Addition



## Better Business Services, Inc.

**Bookkeeping** · Payroll Processing · Income Tax Preparation

OHOCHMENT D# POODOOD17374 C0075335

Division of Corporations P.O. Box 1500 Tallahassee, Fl 32302-1500

Re: D \$ M Mason Enterprises, Inc.

Doc#:P0000017374

Dear Sir:

We are writing this to inform you, that this company has changed its address. Somehow the address in your record didn't get changed, so they never received their first notice from your office. The correct address is enclosed.

the state of the s

We are requesting that you accept the \$150 since he never received the first notice.

Your help in this matter would be greatly appreciated.

Very sincerely yours,

Better Business Services, Inc.

might for the second to have the second