

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90088 025 \*\*\*158.75

**DOCUMENT # P00000080423**

1. Entity Name  
**MASTERCLICK, INC.**



Principal Place of Business  
**1600 W. EAU GALLIE BLVD.  
STE. 201  
MELBOURNE FL 32935**

Mailing Address  
**1600 W. EAU GALLIE BLVD.  
STE. 201  
MELBOURNE FL 32935**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3668784**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

**POTTER, WILLIAM C  
1499 S. HARBOR CITY BLVD.  
STE. 201  
MELBOURNE FL 32901**

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE **C** ☐ Delete  
NAME **TOLLEY, WILLIAM R**  
STREET ADDRESS **4250 PINWOOD DRIVE**  
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **P** ☐ Delete  
NAME **JACKMAN, RAY**  
STREET ADDRESS **2120 GRAND TETON COURT**  
CITY-ST-ZIP **MERRITT ISLAND FL 32935**

TITLE **CEO** ☒ Delete  
NAME **GRAU, JEURG**  
STREET ADDRESS **1600 W. EAU GALLIE BLVD., STE. 201**  
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition  
NAME **LANCE C. LITTLEJOHN**  
STREET ADDRESS **403 Driftwood Avenue**  
CITY-ST-ZIP **Melbourne Beach, FL 32951**

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

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

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

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

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:

*William R. Tolley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)