

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90200 045 \*\*\*150.00

**DOCUMENT # P01000037676**

1. Entity Name  
**MASHACK & ASSOCIATES, INC.**

Principal Place of Business

**503 TUSCANNY ST.  
 BRANDON FL 33511**

Mailing Address

**503 TUSCANNY ST.  
 BRANDON FL 33511**

**B0132453**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**503 Tuscanny ST**

3. Mailing Address

**503 Tuscanny ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Brandon, FL**

City & State

**Brandon, FL**

Zip **33511**

Country **USA**

Zip **33511**

Country **USA**

4. FEI Number

**59-3712515**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**RHYM, RONALD  
 503 TUSCANNY ST.  
 BRANDON FL 33511**

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

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD RHYM, RONALD 503 TUSCANNY ST. BRANDON FL 33511</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD RHYM, BRENDA 503 TUSCANNY ST. BRANDON FL 33511</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**Brenda D. RHYM**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/22/02**

**813-662-7353**

CR2E034 (4/02)

*Attachment*

*60132453*  
*#PO100037676*

**MASHACK & ASSOCIATES, INC.**

503 Tuscanny Street  
Brandon, Florida 33511

July 19, 2002

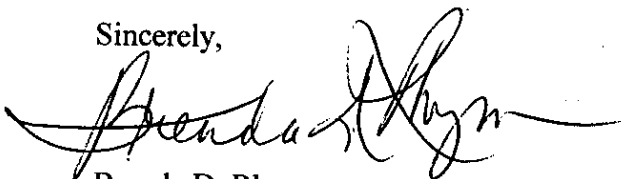
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Dear Sir/Madam:

We have no recollection of having received notification of filing prior to the one enclosed. Pursuant to my telephone conversation with Ms. Laura S. of your office and per her instructions, I am enclosing a check for \$150.00, and requesting that you waive the \$500 fee for late filing.

Thank you for your assistance.

Sincerely,



Brenda D. Rhym  
Vice President