

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

0617807
AV

DOCUMENT # P01000041305

1. Entity Name

MASTER VENTILATION PRODUCTS, INC.

04-15-2002 90049 018 ***150.00

Principal Place of Business

**5317 FRUITVILLE RD., #177
SARASOTA FL 34232**

Mailing Address

**5317 FRUITVILLE RD., #177
SARASOTA FL 34232**

2. Principal Place of Business

1748 Independence Blvd.

3. Mailing Address

1748 Independence Blvd.

Suite, Apt. #, etc.

Suite G-4

Suite, Apt. #, etc.

Suite G-4

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-1102462

Applied For

Not Applicable

Zip

34234

Country

Sarasota

Zip

34234

Country

Sarasota

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DARNELL, ROBERT W
1820 RINGLING BLVD.
SARASOTA FL 34236**

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.

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 \$150.00
After May 1, 2002 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 **D** ☐ Delete
NAME **PYE, MARION L**
STREET ADDRESS **5317 FRUITVILLE RD., #177**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Pye, Marion L**
STREET ADDRESS **1748 Independence Blvd., Ste. G-4**
CITY-ST-ZIP **Sarasota, FL 34234**

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

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

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TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-02

Date

(941) 360-2422

Daytime Phone #

CR2E034 (9/01)