

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90307 029 ***158.75

0891612 FP

DOCUMENT # **P01000090466**

1. Entity Name
MASTER TEC, INC.



Principal Place of Business
**725 SANTUARY RD
NAPLES FL 34120**

Mailing Address
**725 SANTUARY RD
NAPLES FL 34120**

2. Principal Place of Business
3899 FIRST AVE. SW

3. Mailing Address
3899 FIRST AVE. SW

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
NAPLES, FLORIDA

City & State
NAPLES, FLORIDA

Zip
34117

Country
COLLIER

Zip
34117

Country
COLLIER

4. FEI Number **59-3736776** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALDRIDGE, DOUG
725 SANTUARY RD
NAPLES FL 34120**

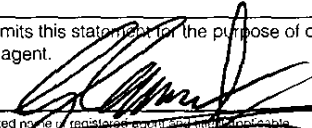
7. Name and Address of New Registered Agent

Name **GLENN MCSHAND**

Street Address (P.O. Box Number is Not Acceptable)
3899 FIRST AVE. SW

City **NAPLES** FL Zip Code **34117**

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  **GLENN MCSHAND** DATE **04/20/2003**

Signature, typed or printed name of registered agent and individual acceptable (NOTE: Registered Agent signature required when reinstating)

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

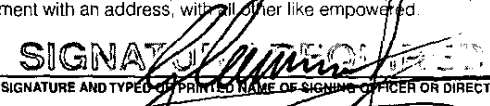
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDRIDGE, DOUG 725 SANTUARY RD NAPLES FL 34120	<input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESIDENT - DIRECTOR GLENN ROBERT MCSHAND 3899 FIRST AVE. SW NAPLES, FLORIDA 34117	<input type="checkbox"/> Change <input checked="" 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

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:  **GLENN MCSHAND** DATE **04/20/03** DAYTIME PHONE # **239-430-2449**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)