

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000110232

1. Entity Name
MAS CONSULTANTS, INC.

FILED
Jun 16, 2002 8:00 am
Secretary of State

06-16-2002 90694 050 ***150.00

Principal Place of Business
1449 KELSO BOULEVARD
WINDEMERE FL 34786

Mailing Address
1449 KELSO BOULEVARD
WINDEMERE FL 34786

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3760556

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATRICK M. BURNS, CPA, PA
1516 EAST HILLCREST STREET
SUITE # 307
ORLANDO FL 32803

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 reinstalling)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MURBACH, ROGER S
1449 KELSO BOULEVARD
WINDEMERE FL 34789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
APPELBLATT, STEVE
838 BRIGHTWATER CIRCLE
MAITLAND FL 32751 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
STOCKTON, EDWARD
8062 POINT CYPRESS
ORLANDO FL 32836 ☒ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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APPELBLATT, STEVE
838 BRIGHTWATER CIRCLE
MAITLAND FL 32751 ☐ Delete

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STOCKTON, EDWARD
8062 POINT CYPRESS
ORLANDO FL 32836 ☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

Daytime Phone #

UC08135 AV

000101



DO NOT WRITE IN THIS SPACE

CR2034 (9/01)