9/25/2002-90119-007-$150.00-$150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 18 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000110457

1. Entity Name

Master Care Service, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4829 Cypress Ck Ranch Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St Cloud FL	City & State
Zip: 34771 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 01-056-9122 — Applied For / Not Applic

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

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7. Name and Address of Current Registered Agent

Name: Donna Allred

Street Address (P.O. Box Number Is Not Acceptable): 1178 Sunlight Ct

City: St Cloud FL Zip Code: 34771

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: Michael Allred
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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	P
NAME	Michael S Allred
STREET ADDRESS	4829 Cypress Creek Ranch Rd
CITY-ST-ZIP	St Cloud FL 34771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 informati 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 direc 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 on a attachment with an address, with all other like empowered.

Michael Allred