

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

3/1

03-19-2003 90170 018 ***150.00

DOCUMENT # P02000050516

1. Entity Name
MASTER MANAGEMENT OF HERNANDO, INC.



Principal Place of Business
**13137 ONEIDA
SPRING HILL FL 34609**

Mailing Address
**13137 ONEIDA
SPRING HILL FL 34609**



2. Principal Place of Business
5220 FLORENTINE CT.
Suite, Apt. #, etc.

3. Mailing Address
5220 FLORENTINE CT.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Spring Hill FL
Zip
34608
Country
U.S.A.

City & State
Spring Hill, FL
Zip
34608
Country
U.S.A.

4. FEI Number
82-0543235
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**NESSLER, PAUL H JR.
4052 COMMERCIAL WAY
SPRING HILL FL 34608**

7. Name and Address of New Registered Agent
Name
GARY H. MASTERS
Street Address (P.O. Box Number is Not Acceptable)
5220 FLORENTINE CT.
City
Spring Hill FL Zip Code
34608

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 DATE **3-14-03**
(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 PRESIDENT	<input type="checkbox"/> Delete Gary H. Masters 5220 Florentine Ct. Spring Hill, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE SECRETARY	<input type="checkbox"/> Delete Gary H. Masters 5220 Florentine Ct. Spring Hill, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE TREASURER	<input type="checkbox"/> Delete Gary H. Masters 5220 Florentine Ct. Spring Hill, FL 34608
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	<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

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: **SIGNATURE REQUIRED** DATE **3-14-03** DAYTIME PHONE # **352-686-2679**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (10/02)