

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000066922

FILED  
Apr 28, 2003  
Secretary of State

Entity Name: MAS INSPECTIONS, INC.

## Current Principal Place of Business:

2524 SW 22ND PL  
CAPE CORAL, FL 33914

## New Principal Place of Business:

1165 SW 5TH TERRACE  
CAPE CORAL, FL 33991

## Current Mailing Address:

2524 SW 22ND PL  
CAPE CORAL, FL 33914

## New Mailing Address:

1165 SW 5TH TERRACE  
CAPE CORAL, FL 33991

FEI Number: 04-3692297

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WELLMAN, SHELLY  
12730 NEW BRITTANY BLVD 4TH FL  
FT MYERS, FL 33907 US

## Name and Address of New Registered Agent:

SCHWARTZ, CATHY  
1165 SW 5TH TERRACE  
CAPE CORAL, FL 33991 US

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: CATHERINE SCHWARTZ

04/28/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SCHWARTZ, JACK  
Address: 2524 SW 22ND PL  
City-St-Zip: CAPE CORAL, FL 33914

Title: VD ( ) Delete  
Name: SCHWARTZ, SUSAN  
Address: 2524 SW 22ND PL  
City-St-Zip: CAPE CORAL, FL 33914

Title: STD ( ) Delete  
Name: SCHWARTZ, CATHERINE  
Address: 2524 SW 22ND PL  
City-St-Zip: CAPE CORAL, FL 33914

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SCHWARTZ, JACK  
Address: 1165 SW 5TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33991

Title: VD (X) Change ( ) Addition  
Name: SCHWARTZ, SUSAN  
Address: 1165 SW 5TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33991

Title: STD (X) Change ( ) Addition  
Name: SCHWARTZ, CATHERINE  
Address: 1165 SW 5TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33991

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE SCHWARTZ

STD

04/28/2003

Electronic Signature of Signing Officer or Director

Date