

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91185 045 \*\*\*550.00

**DOCUMENT # P21306**

1. Entity Name

**MASTER PROTECTION CORPORATION**

Principal Place of Business

**12800 UNIVERSITY DRIVE  
 SUITE 400  
 FORT MYERS FL 33907**

Mailing Address:

**Tax Department, 8<sup>th</sup> Floor  
 PO Box 3038  
 Boca Raton, FL 33431-0938**

2. Principal Place of Business

**PO Box 3038**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Boca Raton, FL 33486**

Zip

Country

**33486**

**USA**

4. FEI Number

**94-3077928**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>POLAN, JOSHUA A.</b> <b>165 MASON ST</b> <b>GREENWICH CT 06830</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BERKLEY, WILLIAM R.</b> <b>165 MASON ST</b> <b>GREENWICH CT</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P</b> <b>DEBUIS, DEAN</b> <b>12800 UNIVERSITY DRIVE #400</b> <b>FORT MYERS FL 33907</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DETZEL, CHRISTOPHER A</b> <b>12800 UNIVERSITY DR #400</b> <b>FORT MYERS FL 33907</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KENNEDY, TOM L</b> <b>12800 UNIVERSITY DRIVE #400</b> <b>FORT MYERS FL 33907</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WILES, ROBERT L</b> <b>12800 UNIVERSITY DRIVE</b> <b>FORT MYERS FL 33907</b>	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President - Director</b> <b>Jerry R. Boggess</b> <b>One Town Center Road</b> <b>Boca Raton, FL 33486</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>IRVING Gutin - Director VP</b> <b>One Tyco Park</b> <b>Exeter, NH 03833</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SCOTT STEVENSON - VP/Asst Treas</b> <b>One Town Center Road</b> <b>Boca Raton, FL 33486</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Bernard J. Ooherty</b> <b>One Tyco Park</b> <b>Boca Raton, FL 33486</b>	<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

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, which other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

**Scott Stevenson**  
 Vice President/Asst. Treasurer

Date

Daytime Phone #

**5/11/02**

CR2E034 (9/01)