2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P30801**. May 08, 2000 8:00 am 1. Entity Name **Secretary of State** MAST CONSTRUCTION CO., INC. 05-08-2000 90091 039 ***150.00 Principal Place of Business Mailing Address 329 SARGENT DR 329 SARGENT DR PENDLETON SC 29670 PENDLETON SC 29692-2503 2. Principal Place of Business 3. Mailing Address 3112 Dairy 3112 Dair Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 56-1520077 Ware Shoals Ware Shoals Not Applicable \$8.75 Additional 5. Certificate of Status Desired 29692 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Browning, George B. Street Address (P.O. Box Number is Not Acceptable) 141 E., HIBISCUS BLVD MELBOURNE FL 32901 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITI F **⊡**+Change Mast, Enas Lavern 3112 Dairy Rd addiress MAST, ENAS LAVERN NAME NAME STREET ADDRESS 329 SARGENT DR STREET ADDRESS Ware Shoals, SC 29692 CITY-ST-ZIP CITY-ST-ZIP PENDLETON SC 29670 ☐ Addition ☐ Delete TITLE TITLE Mast, Patricia C 3112 Dairy Rd. MAST, PATRICIA C. NAME NAME STREET ADDRESS STREET ADDRESS 329 SARGENT DR Ware Shoals, SC CITY-ST-ZIP CITY-ST-ZIP PENDLETON SC 29670 ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIT! F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IE ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

SIGNATURE: Patricia C. Maste Sec. 4-25-00 864-861-3360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daylime Phone #