

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90168 029 \*\*\*150.00

**DOCUMENT # P92000003698**

1. Entity Name

**MASTERTEC PAINTING & WATERPROOFING, INC.**

Principal Place of Business

Mailing Address

801 WASHINGTON ST  
 HOLLYWOOD FL 33019  
 US

801 WASHINGTON ST  
 HOLLYWOOD FL 33019-1919  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0381139**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LORD, DWIGHT**  
**801 WASHINGTON ST**  
**HOLLYWOOD FL 33019**

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

*(Handwritten Signature: Dwight Lord)*

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DWIGHT LORD</b>	
STREET ADDRESS	<b>801 WASHINGTON ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> Delete
NAME	<b>GILLILAND, MARK</b>	
STREET ADDRESS	<b>801 WASHINGTON ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
TITLE	<b>M</b>	<input type="checkbox"/> Delete
NAME	<b>GILLILAND, MICHAEL</b>	
STREET ADDRESS	<b>2201 S. OCEAN DR / STE 2005</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

*(Handwritten Signature)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00

Date

954558442

Daytime Phone #

CR2E034 (9/99)