

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90046 013 ***150.00

0598212 AT

DOCUMENT # P93000025478

1. Entity Name

MASON PLASTICS CO.

Principal Place of Business

**6010 OLD TAMPA HIGHWAY
 INTERCESSION CITY FL 33846**

Mailing Address

**P.O BOX 203
 INTERCESSION CITY FL 33848
 US**

2. Principal Place of Business

6010 OLD TAMPA HWY

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 203

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

INTERCESSION CITY, FL

Zip

33848

Country

OSCEOLA

City & State

INTERCESSION CITY, FL

Zip

33848

Country

OSCEOLA

4. FEI Number

59-3183781

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COPELAND, RICHARD W
 631 PALM SPRINGS DRIVE
 STE. 106
 ALTAMONTE SPRINGS FL 32701**

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	TS	<input type="checkbox"/> Delete
NAME	MASON, RUSSELL	
STREET ADDRESS	1740 FEATHERWOOD CT	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	MASON, WILLIAM R.	
STREET ADDRESS	2322 PINE TREE CT.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-02 (407) 933-5683

Date

Daytime Phone #

CR2E034 (9/01)