

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90109 036 ***150.00

0433532 AV

DOCUMENT # P93000042249

1. Entity Name

MASTER PRINTERS OF TAMPA, INC.

Principal Place of Business

2604A TAMPA EAST BLVD.
TAMPA FL 33619

Mailing Address

~~2604A TAMPA EAST BLVD.~~
TAMPA FL 33619

2. Principal Place of Business

5502 E Broadway
 Suite, Apt. #, etc.

3. Mailing Address

5502 E. Broadway
 Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3193504

Applied For

Not Applicable

Zip

Country

33619

USA

Zip

Country

33619

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MASSON, SANDRA

2604A TAMPA EAST BLVD. 5502 E. Broadway
TAMPA FL 33619

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 **Sandra Masson**

4-30-02

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 **DP** ☐ Delete
 NAME **MASSON, SANDRA G**
 STREET ADDRESS **2604 A TAMPA EAST BLVD.**
 CITY-ST-ZIP **TAMPA FL 33619**

TITLE **DST** ☐ Delete
 NAME **MASSON, KENNETH M**
 STREET ADDRESS **2604 A TAMPA EAST BLVD.**
 CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5502 E Broadway**
 CITY-ST-ZIP **Tampa FL 33619**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5502 E Broadway**
 CITY-ST-ZIP **Tampa FL 33619**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Sandra Masson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)