

2004
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State

0066912
AV

DOCUMENT # P93000042249

1. Entity Name
MASTER PRINTERS OF TAMPA, INC.



Principal Place of Business
**5502 E. BROADWAY
TAMPA FL 33619**

Mailing Address
**5502 E. BROADWAY
TAMPA FL 33619**



2. Principal Place of Business

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3193504**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MASSON, SANDRA
2604A TAMPA EAST BLVD.
TAMPA FL 33619**

7. Name and Address of New Registered Agent

Name *Kenneth M Masson*

Street Address (P.O. Box Number is Not Acceptable)

5502 E Broadway

City

Tampa FL 33619

Zip Code

33619

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **MASSON, SANDRA G**
STREET ADDRESS **5502 E. BROADWAY**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **DST** ☐ Delete
NAME **MASSON, KENNETH M**
STREET ADDRESS **5502 E. BROADWAY**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra G Masson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04
Date

626 3269
Daytime Phone #

CR2E034 (4/03)