FILED
Jun 09, 2003 8:00 am
Secretary of State
05-02-2003 90734 021 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5.

DOCUMENT # P93000042249(L)

1. Entity Name
Master Printers of Tampa Bay

44003558

[redacted]

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2. Principal Place of Business
5502 E. Broadway
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State: Tampa Fl
Zip: 33619 Country: Hills.

City & State:
Zip: Country:

4. FEI Number
59 3193504
☐ Applied For
☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Kenneth M Masson
Street Address (P.O. Box Number is Not Acceptable): 5502 E Broadway
City: Tampa Fl 33619 FL 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: Kenneth M. Masson 6-4-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Director, President
NAME	Sandra G Masson
STREET ADDRESS	5502 E Broadway
CITY-ST-ZIP	Tampa Fl 33619
TITLE	Director, Secretary
NAME	Kenneth M. Masson
STREET ADDRESS	5502 E Broadway
CITY-ST-ZIP	Tampa Fl 33619

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra G Masson 4-30-03 8136263269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #