

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000080855

1. Entity Name

MASCO, INC.

FILED

Jan 24, 2000 8:00 am  
Secretary of State

01-24-2000 90072 031 \*\*\*150.00

Principal Place of Business

Mailing Address

4419 SEILS WAY  
ORLANDO FL 32812

4419 SEILS WAY  
ORLANDO FL 32827-4940

2. Principal Place of Business

8332 MARA Vista Ct

Suite, Apt. #, etc.

3. Mailing Address

8332 MARA Vista Ct

Suite, Apt. #, etc.

00007870



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3214416

Applied For

Not Applicable

Zip

32827

Country

U.S.

Zip

32827

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOHN D ROBINSON, ESQ  
200 E ROBINSON ST #1020  
ORLANDO FL 32801

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, 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

TITLE DPT  
NAME GLENN J WALDROUP ☐ Delete  
STREET ADDRESS 4419 SEILS WAY  
CITY-ST-ZIP ORLANDO FL 32812

TITLE VPS  
NAME JEFFREY A MILLER ☐ Delete  
STREET ADDRESS 4419 SEILS WAY  
CITY-ST-ZIP ORLANDO FL 32812

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 DPT ☒ Change ☐ Addition  
NAME Glenn J Waldroup  
STREET ADDRESS 8332 MARA Vista Ct  
CITY-ST-ZIP ORLANDO, FL 32827

TITLE VPS ☒ Change ☐ Addition  
NAME Jeffrey A Miller  
STREET ADDRESS 8332 MARA Vista Ct  
CITY-ST-ZIP ORLANDO, FL 32827

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)