

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90438 020 ***158.50

DOCUMENT # **P93 000080855** ✓

1. Entity Name

MASCO, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2227 WARNER DRIVE

Suite, Apt. #, etc.

3. Mailing Address

2227 WARNER DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CHULUOTA, FL

City & State

CHULUOTA, FL

4. FEI Number

593214416

Applied For

Not Applicable

Zip

32766

Country

U.S.

Zip

32766

Country

U.S.

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JOHN D. ROBINSON, Esq.

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

201 EAST PINE ST. 1200

City

ORLANDO

FL

Zip Code

32801

**DO NOT WRITE
IN THIS SPACE**

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

Michael V. Parker

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

(NOTE: Registered Agent signature required when reinstating)

MAY 01, 2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

**PRESIDENT
MICHAEL VERNON PARKER
2227 WARNER DRIVE
CHULUOTA, FL 32766**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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IN THIS SPACE**

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

SIGNATURE:

Michael V. Parker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 01, 2002 (407) 375.3164

DATE

DAYTIME PHONE #

CR2E034B (12/01)