

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90120 002 ***150.00

DOCUMENT # P94000029156

1. Entity Name
MEDIATION & ARBITRATION SERVICES, INC.

Principal Place of Business

**500 5TH AVE SOUTH
 SUITE 502
 NAPLES FL 34102
 US**

Mailing Address

**500 5TH AVE SOUTH
 SUITE 502
 NAPLES FL 34102
 US**

2. Principal Place of Business

255 8th St S
 Suite, Apt. #, etc.

3. Mailing Address

255 8th St S
 Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0489690

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**REINA, LEONARD P
 500 FIFTH AVE. SOUTH, STE. 502
 NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name

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

255 8th St S

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, 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 **DPVS** ☐ Delete
NAME **REINA, LEONARD P**
STREET ADDRESS **500 5TH AVE SOUTH SUITE 502**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **REINA, LEONARD P**
CITY-ST-ZIP **500 5TH AVE SOUTH SUITE 502**
NAPLES FL

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 **255 8th St S**
CITY-ST-ZIP **34102**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **255 8th St S**
CITY-ST-ZIP **34102**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/2002 (941) 263-2059

CR2E034 (9/01)