

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000034177

1. Entity Name

MASTER'S UNLIMITED, INC.

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90131 007 \*\*\*158.75

Principal Place of Business

Mailing Address

1006 W. STATE ROAD 434  
SUITE 266  
LONGWOOD FL 32750  
USPO BOX 151133  
ALTAMONTE SPRINGS FL 32715-1133

2. Principal Place of Business

3. Mailing Address

12333 W. Colonial Drive

P. O. Box 929

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

WINTER GARDEN, FL

City &amp; State

OAKLAND, FL

Zip

Country

34787

USA

Zip

Country

34760-0924

USA

4. FEI Number

59-3251431

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENKINS, F W  
984 W STATE ROAD 434  
#234  
LONGWOOD FL 32750

Name

NORRIS, M. P.

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

12333 W. COLONIAL DRIVE

City

WINTER GARDEN

FL

Zip Code

34787

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

*M. P. Norris, Agent*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02-10-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Delete  
NAME JENKINS, F.W.  
STREET ADDRESS 1006 W. STATE ROAD 434, STE 266  
CITY-ST-ZIP LONGWOOD FLTITLE DP ☒ Change ☐ Addition  
NAME NORRIS, M. P.  
STREET ADDRESS 12333 W. COLONIAL DRIVE  
CITY-ST-ZIP WINTER GARDEN, FL 34787TITLE ☐ Delete  
NAME  
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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:

*M. P. Norris, President*  
H. P. NORRIS, PRESIDENT

02/10/00

407-699-6505

Date

Daytime Phone #

CR2E034 (9/99)