

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000056690

1. Entity Name

MASON BLAU AND ASSOCIATES, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90242 008 \*\*\*158.75

Principal Place of Business

Mailing Address

2555 NURSERY RD  
104  
CLEARWATER FL 33764  
US

2555 NURSERY ROAD  
104  
CLEARWATER FL 33764-1780  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4625 East Bay Drive

3. Mailing Address

4625 East Bay Drive

Suite, Apt. #, etc.

Suite #228

Suite, Apt. #, etc.

Suite #228

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-3258920

Applied For

Not Applicable

Zip

Country

33764

USA

Zip

Country

33764

USA

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

BLAU, ROBERT H  
4034 HUNTINGTON ST NE  
ST PETERSBURG FL 33703

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSAT ☐ Delete  
NAME MASON, MICHAEL R  
STREET ADDRESS 1375 WHITACRE DR.  
CITY-ST-ZIP CLEARWATER FL

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

TITLE VPT ☐ Delete  
NAME BLAU, ROBERT H  
STREET ADDRESS 4034 HUNTINGTON ST. NE  
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☒ Change ☐ Addition  
NAME same  
STREET ADDRESS 8851 15th Way North  
CITY-ST-ZIP St. Petersburg, FL 33702

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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

4/7/00 727/530-0570  
Date Daytime Phone #

CR2E034 (9/99)