

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90076 010 ***150.00

DOCUMENT # P94000082441

1. Entity Name
MASS CONSULTANTS, INC.



Principal Place of Business
**110 GULF SHORE DR
#625
DESTIN FL 32541
US**

Mailing Address
**110 GULF SHORE DR
#625
DESTIN FL 32541
US**

2. Principal Place of Business
P.O. Box 5702
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 5702
Suite, Apt. #, etc.

City & State
Destin, Florida

City & State
Destin, Florida

4. FEI Number **59-3279406**

Applied For
Not Applicable

Zip
32540

Country
USA

Zip
32540

Country
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

**MATTHEWS, DANA C
607 HWY 98 E
DESTIN FL 32541**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **JONES, JIM**
STREET ADDRESS **110 GULF SHORE DR #625**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **D, P.** ☒ Change ☐ Addition
NAME **Jim Jones**
STREET ADDRESS **P.O. Box 5702**
CITY-ST-ZIP **Destin, Florida 32540**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)