

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

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

Zip
32540

Country
USA

Zip
32540

Country
USA

4. FEI Number
59-3279406

Applied For
Not Applicable

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

6. Name and Address of Current 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
NAME
JONES, JIM
STREET ADDRESS
110 GULF SHORE DR #625
CITY-ST-ZIP
DESTIN FL 32541

Delete

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

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
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CITY-ST-ZIP

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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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 #



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)