

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000014527

1. Entity Name

MASFORCE, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90022 019 ***150.00

Principal Place of Business

Mailing Address

2895 46TH AVENUE NORTH
ST PETERSBURG FL 33714

2895 46TH AVENUE NORTH
ST PETERSBURG FL 33714-3811

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3385762

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

MASTRY, CONSTANTINE E
2895 46TH AVENUE NORTH
ST PETERSBURG FL 33714

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 P
NAME MASTRY, ADIB
STREET ADDRESS 1281 79TH ST. S
CITY-ST-ZIP ST PETERSBURG FL 33707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VT
NAME MASTRY, CONSTANTINE E
STREET ADDRESS 8360 73RD COURT
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS
NAME MASTRY, RICHARD W
STREET ADDRESS 2220 PINELLAS PT DR S
CITY-ST-ZIP ST PETERSBURG FL 33712

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

Constantine E. Masty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00
Date

727 522 9471
Daytime Phone #

CR2E034 (9/99)