

AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

MASON AVENUE MEDICAL, INC.
P95000036042

FILED

02 SEP 17 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

801 BEVILLE RD #202

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

S. DAYTONA, FL

City & State

Zip

32119

Country

USA

Zip

Country

4. FEI Number

65-0599157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DAVID GOLDSTEIN

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

23462 PATERA AVENUE

City

PORT CHARLOTTE

FL

Zip Code

33980

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

David B. Goldstein David B. Goldstein

9/11/02

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)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D/S
DAVID GOLDSTEIN
23462 PATERA AVENUE
PORT CHARLOTTE, FL 33980

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000007858080--0
-09/19/02--01095--003
*****61.25 *****61.25

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D/P
ROBERTA ADAMS
801 BEVILLE RD #202
S. DAYTONA, FL 32119

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

Roberta K. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/02

Date

941-629-4227

Daytime Phone #