

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000051536

1. Entity Name

M.A.S. CONSOLIDATION, INC.

Principal Place of Business

22432 NW 78 AVE
ALACHUA FL 32615
US

Mailing Address

22432 NW 78 AVE
ALACHUA FL 32615
US

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 59-3327353

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

BOWMAN, MARY S
22432 NW 78 AVE
ALACHUA FL 32615

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, 2001 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

TITLE D
NAME BOWMAN, MARY S
STREET ADDRESS 22432 NW 78TH AVE
CITY-ST-ZIP ALACHUA FL 32615 ☐ Delete

TITLE D
NAME SULLIVAN, MARY W
STREET ADDRESS 820 NORTHEAST 11TH AVENUE
CITY-ST-ZIP Ocala FL 34470 ☐ Delete

TITLE VD
NAME KIRBY, PATRICIA A
STREET ADDRESS 1831 SE 13TH ST.
CITY-ST-ZIP Ocala FL 34471 ☐ Delete

TITLE VD
NAME WELCH, ROBIN H
STREET ADDRESS 4203 NW 70TH AVE
CITY-ST-ZIP Ocala FL 34482 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: Mary S. Bowman MARY S. BOWMAN, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01

(904) 462-6311

Daytime Phone #

CR2E034 (10/00)

0471189

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90065 025 ***150.00



DO NOT WRITE IN THIS SPACE