

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90054 027 ***150.00

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

1831 SE 13th ST

Suite, Apt. #, etc.

3. Mailing Address

1831 SE 13th ST

Suite, Apt. #, etc.

City & State

OCALA FL

Zip

34471

Country

USA

City & State

OCALA FL

Zip

34471

Country

USA

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

1831 SE 13th ST

OCALA, FL 34471

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, 2002 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 ☐ Delete
 NAME D
 STREET ADDRESS BOWMAN, MARY S
 CITY-ST-ZIP 22432 NW 78TH AVE
 ALACHUA FL 32615

TITLE ☒ Change ☒ Addition
 NAME 1831 SE 13th ST
 STREET ADDRESS Ocala, FL 34471
 CITY-ST-ZIP

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

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

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02
 Date

352-368-2874
 Daytime Phone #

CR2E034 (9/01)