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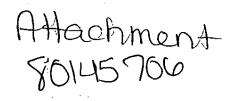
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT AUBR

Sep 08, 2003 8:00 am Secretary of State P95000051536 **DOCUMENT #** 09-08-2003 90325 045 \*\*\*158.75 1. Entity Name M.A.S. CONSOLIDATION, INC. Principal Place of Business Mailing Address 1831 SE 13TH ST 1831 SE 13TH ST OCALA FL 34471 OCALA FL 34471 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3327353 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent .7.. Name and Address of New Registered Agent **BOWMAN, MARY S** Street A 22432 NW 78 AVE ALACHUA FL 32615 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 (NOTE: Registered Agent signature required when reinstating) DATE of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition **BOWMAN, MARY S** NAME NAME 1831 SE 13TH ST STREET ADDRESS STREET ADDRESS OCALA FL 34471 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change SULLIVAN, MARY W NAME NAME 820 NORTHEAST 11TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL 34470 CITY-ST-ZIP ۷D TITLE ☐ Delete TITLE Change ☐ Addition KIRBY, PATRICIA A NAMÉ NAME 1831 SE 13TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-7IP OCALA FL 34471 CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition WELCH, ROBIN H NAME NAME **4203 NW 70TH AVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL 34482 CITY-ST-ZIP Delete TITL F ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY~ST-ZIP 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:

Date



SEPTEMBER 4. 2003

FROM: M.A.S. CONSOLIDATION, INC. 1831 SE 13TH STREET OCALA, FLORIDA 34471

TO: DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500 \_\_\_\_\_

TALLAHASSEE, FLORIDA 32302-1500

RE: DOCUMENT# PO2000090212

To Whom It May Concern:

M.A.S. CONSOLIDATION, INC. did not receive the advanced notice that you send out the first of the year 2003.

Enclosed is a money order in the amount of \$158.75 for the filing fee (150.00) and the Certificate of Status (8.75).

Sincerely,

Mary S. Bowman

M.A. S. Consilidation, Inc.