

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000055183

1. Entity Name

MASTER'S FINANCIAL GROUP, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90010 009 ***150.00

Principal Place of Business

501 E. OAK ST., STE F
 KISSIMMEE, FL 34744

Mailing Address

1778 LISA LANE
 KISSIMMEE, FL 34744

2. Principal Place of Business

501 E. OAK ST.

3. Mailing Address

1778 LISA LN

Suite, Apt. #, etc.

STE F

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

Zip

34744

Country

OSCEOLA

Zip

34744

Country

OSCEOLA

4. FEI Number

59-3330203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NORMAN, A. DONALD
 1778 LISA LANE
 KISSIMMEE, FL 34744

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

D NORMAN, A. DONALD
 1778 LISA LANE
 KISSIMMEE, FL 34744

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

D CONLEY, DAVID J
 1778 LISA LANE
 KISSIMMEE, FL 34744

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Austin Donald Norman, DIRECTOR

Date

4-29-2000

Daytime Phone #

407-343-1514

CR2E034 (9/99)