

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 18, 2002 8:00 am
Secretary of State

09-18-2002 90052 011 ***150.00

DOCUMENT # P950000551831. Entity Name
MASTER'S FINANCIAL GROUP, INC.

Principal Place of Business

**SOUTH OAK ST
STE F
KISSIMMEE FL 34744**

Mailing Address

**1778 LISA LN
KISSIMMEE FL 34744**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1778 LISALANE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Kissimmee, FL

City & State

4. FEI Number **59-3330203**Applied For
Not ApplicableZip
34744Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	<input type="checkbox"/> Delete
NAME	NORMAN, A. DONALD	
STREET ADDRESS	1778 LISA LANE	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONLEY, DAVID J	
STREET ADDRESS	1778 LISA LANE	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**8/28/02**

Date

Daytime Phone #

CR2E034 (4/02)

All enclosed

872740

#P95000055183

Master's Financial Group, Inc.

1778 Lisa Lane, Kissimmee, FL 34744 • 407-343-5155

September 13, 2002

**Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500**

To Whom It May Concern:

I spoke with someone in your office this morning concerning the fact that I did not receive notice to file the 2002 Uniform Business Report by May 1. I did, however, receive the notice concerning the need to file by September 13. Your office informed me that if I were to attach this letter, since I did not receive the first notice, I could pay the \$150 yearly fee as opposed to the penalty. Please find the check in the amount of \$150 and the completed URB Report enclosed.

Sincerely,



**Austin D. Norman
President**

Enclosures