

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077679

1. Entity Name
MASTER'S CHOICE, INC.

Principal Place of Business
4427 WEST KENNEDY BLVD., SUITE 250
TAMPA FL 33609

Mailing Address
4427 WEST KENNEDY BLVD., SUITE 250
TAMPA FL 33609

2. Principal Place of Business
4320 W. Kennedy BLVD
Suite, Apt. #, etc.

3. Mailing Address
4320 W. Kennedy BLVD
Suite, Apt. #, etc.

City & State
TAMPA, Florida

City & State
TAMPA, Florida

Zip 33609 Country USA

Zip 33609 Country USA

4. FEI Number 59-3345855

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAZZEI, ANTHONY T
4427 WEST KENNEDY BLVD., SUITE 250
TAMPA FL 33609

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 _____ (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 NAME ☐ Delete
DPS MAZZEI, ANTHONY T.
STREET ADDRESS 4427 WEST KENNEDY BLVD., SUITE 250
CITY-ST-ZIP TAMPA FL 33609

TITLE NAME ☐ Delete
MAZZEI, VINCENT M
STREET ADDRESS 4427 W KENNEDY BLVD STE 250
CITY-ST-ZIP TAMPA FL 33609

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
NAME 4320 W. Kennedy Boulevard
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition
NAME 4320 W. Kennedy Boulevard
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE NAME ☐ 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01 212-598-8620
Date Daytime Phone #

FILED
Apr 19, 2001 8:00 am
Secretary of State
04-19-2001 90313 014 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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