

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90148 016 ***150.00

DOCUMENT # P95000084248

1. Entity Name
MASTER SITE DEVELOPMENT, INC.

Principal Place of Business

**25 E. 13TH ST.
 SUITE 4
 SAINT CLOUD FL 34769
 US**

Mailing Address

**25 E. 13TH ST.
 SUITE 4
 SAINT CLOUD FL 34769
 US**

2. Principal Place of Business

1203 Florida Avenue

3. Mailing Address

1203 Florida Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. cloud, FL

City & State

St. cloud, FL

4. FEI Number

59-3341677

Applied For

Not Applicable

Zip

Country

34769

USA

Zip

Country

34769

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FORTNER, JIMMIE M
 4845 CITRUS OAK LANE
 ST CLOUD FL 34771**

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	FORTNER, JIMMIE M	
STREET ADDRESS	4845 CITRUS OAK LANE	
CITY-ST-ZIP	ST. CLOUD FL 34771	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORTNER, ROBERT M	
STREET ADDRESS	11101 TINDALL RD.	
CITY-ST-ZIP	ORLANDO FL 32832	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, SAMUEL W	
STREET ADDRESS	1985 MUSTANG COURT	
CITY-ST-ZIP	ST. CLOUD FL 34771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5055 Bullis Road	
STREET ADDRESS	St. cloud, FL 34771	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

407 891-0700

Date

Daytime Phone #

CR2E034 (9/01)