

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90265 021 ***150.00

DOCUMENT # P96000037212

1. Entity Name

MASON-PHILLIPS MANAGEMENT COMPANY



Principal Place of Business

**90 TIFLON WAY N.
PONTE VEDRA FL 32082
US**

Mailing Address

**90 TIFTON WAY N.
P.O. BOX 2108
PONTE VEDRA FL 32004**

2. Principal Place of Business

Same as above

3. Mailing Address

PO. 2108

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ponte Vedra Beach FL

Zip

Country

Zip

Country

32004

St. Johns

4. FEI Number

62-1638655

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARTMAN, CHARLES E
90 TIFLON WAY N.
PONTE VEDRA FL 32082**

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HARTMAN, CHARLES E
90 TIFLON WAY N.
PONTE VEDRA FL 32082** ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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: COGNITION REPORTED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

Date

904 285 7316

Daytime Phone #

CR2E034 (10/02)