

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000062387

1. Entity Name

W.D. MASTERS CONSTRUCTION, INC.

FILED

Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90168 038 ***150.00

Principal Place of Business

P O BOX 1018
ZELLWOOD FL 32798-1018

Mailing Address

C/O PETER C. PAPPAS, ESQ.
225 E. ROBINSON ST., SUITE 540
ORLANDO FL 32801-4321

2. Principal Place of Business

P.O. Box 1018
Suite, Apt. #, etc.

3. Mailing Address

c/o Mario A. Garcia, Esq.
Suite, Apt. #, etc.
315 E. Robinson St-#160



DO NOT WRITE IN THIS SPACE

City & State
Zellwood, FL

City & State
Orlando, FL

4. FEI Number 59-3391682

Applied For
Not Applicable

Zip Country
32798-1018 Orange

Zip Country
32801 Orange

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

6. Name and Address of Current Registered Agent

PAPPAS, PETER C
225 E. ROBINSON ST., SUITE 540
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name Mario A. Garcia, Esq.
Street Address (P.O. Box Number is Not Acceptable)
315 E. Robinson Street - #160
City Orlando FL Zip Code 32801

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 (Not a Registered Agent or Director required when reinstating)

DATE

3/23/00

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 NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, WILLIAM P 17830 FRONT STREET MT. DORA FL 32757	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President William P. Brown P. O. Box 1018 Zellwood, FL 32798-1018	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director William P. Brown P. O. Box 1018 Zellwood, FL 32798-1018	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 FILING OFFICER OR DIRECTOR

WILLIAM P. BROWN, PRES 3/23/2000

Date

Daytime Phone #

CR2E034 (9/99)