

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90224 046 ***150.00

DOCUMENT # P96000093648

1. Entity Name
MASON ENTERPRISES, INC.



Principal Place of Business
11919 STEPPINGSTONE BLVD
TAMPA FL 33635
US

Mailing Address
11919 STEPPINGSTONE BLVD
TAMPA FL 33635
US



2. Principal Place of Business
1405 Druid Road E
Suite, Apt. #, etc.

3. Mailing Address
1405 Druid Road E
Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State
Clearwater, FL
Zip
33756
Country
USA

City & State
Clearwater, FL
Zip
33756
Country
USA

4. FEI Number
59-3409860

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MASON, DONALD J.
11919 STEPPINGSTONE BLVD
TAMPA FL 33635

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1405 Druid Road E
City **Clearwater** **FL** **Zip Code** **33756**

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 *Don Mosen*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTDS	MASON, DONALD J.	11919 STEPPINGSTONE BLVD	1405 Druid Road E TAMPA FL 33635 Clearwater, FL 33756	<input type="checkbox"/>
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
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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: *Don Mosen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03
Date

813-917-4990
Daytime Phone #

CR2E034 (10/02)