

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000095095**

1. Entity Name

**MASTER BUILDER SERVICES, Inc.**

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90004 045 \*\*\*550.00

Principal Place of Business

Mailing Address

**47 E. Robinson, Suite 203**  
**ORLANDO, FL 32801**

**47 E. Robinson 203**  
**ORLANDO, FL 32801**

**00086456**

2. Principal Place of Business

**116 S. ORANGE AVE.**

3. Mailing Address

**116 S. Orange Ave**

Suite, Apt. #, etc.

**SUITE B**

Suite, Apt. #, etc.

**SUITE B**

City & State

**ORLANDO, FL**

City & State

**ORLANDO, FL**

Zip

Country

**32801 - U.S.**

Zip

Country

**32801 - U.S.**

4. FEI Number

**59-3421396**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RODRIGUEZ, DANIEL**  
**3900 IBIS DRIVE**  
**ORLANDO, FL 32803 U.S.**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**129 E. AMELIA # 103**

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

**DANIEL RODRIGUEZ, V.P.**

**9/13/00**

(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 \$550.00**

**After SEPTEMBER 13, 2000 Min. will be \$750.00**

**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 **VD**

NAME

STREET ADDRESS

CITY-ST-ZIP

**VD**  
**RODRIGUEZ, DANIEL**  
**3900 IBIS DRIVE**  
**ORLANDO, FL 32803**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD**  
**LUCAS, MARK**  
**3900 IBIS DRIVE**  
**ORLANDO, FL 32803**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD**  
**GONZALEZ, MANUEL**  
**55 Elizabeth Rose Sq. A1A**  
**ORLANDO, FL 32810**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VD**  
**RODRIGUEZ, DANIEL**  
**129 E AMELIA # 103**  
**ORLANDO, FL 32801**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD**  
**LUCAS, MARK**  
**510 N. SUMMERLIN AVE # 1**  
**ORLANDO, FL 32803**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DANIEL**

**RODRIGUEZ, V.P.**

**9/13/00**

**407 - 481-9110**

Date

Daytime Phone #

CR2E034 (5/00)