

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90074 026 ***150.00

DOCUMENT # P97000016649

1. Entity Name
OLD MASTERS INC.



Principal Place of Business
**668 WYCKLIFFE PL
WINTER SPRINGS FL 32708
US**

Mailing Address
**668 WYCKLIFFE PL
WINTER SPRINGS FL 32708
US**

2. Principal Place of Business

8001 W. ATLANTIC BLVD

3. Mailing Address

11290 NW 1ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
CONROL SPRINGS FL

City & State
CONROL SPRINGS FL

4. FEI Number **59-3489814**

Applied For

Not Applicable

Zip **33071**

Country **US**

Zip **33071**

Country **US**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MASTERS, NICHOLAS
668 WYCKLIFFE PLACE
WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent

Name **NICHOLAS MASTERS**
Street Address (P.O. Box Number is Not Acceptable)
11290 NW 1ST
CONROL SPRINGS FL
City **FL** Zip Code **33071**

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

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MASTERS, NICHOLAS**
STREET ADDRESS **668 WYCKLIFFE PLACE**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-03 954 344-1899

CR2E034 (10/02)