

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000043354

1. Entity Name

MASTERCARE BUILDERS USA, INC.

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90016 044 ***150.00

Principal Place of Business

5836 RICHARD STREET
JACKSONVILLE FL 32216

Mailing Address

5836 RICHARD STREET
JACKSONVILLE FL 32216

2. Principal Place of Business

3. Mailing Address

4248 San Jose Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Jax, Fla

4. FEI Number 59-3449187

Applied For

Not Applicable

Zip

Country

Zip

Country

32207

32207

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

BONNETTE, HARRIS L JR
225 WATER STREET
SUITE 1235
JACKSONVILLE FL 32202

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-12-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS VINING, STEPHEN E
CITY-ST-ZIP 5836 RICHARD STREET
JACKSONVILLE FL 32216

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Vining

Date

Daytime Phone #

02-12-01 904-631-4444

CR2E034 (10/00)

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