

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90151 027 ***150.00

DOCUMENT # **P98000003083**

1. Entity Name **MASTERPLAN ASSOCIATES, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4041 BADEN DR
Suite, Apt. #, etc.

3. Mailing Address
4041 BADEN DR.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HOLIDAY FL
Zip
34691 Country
USA

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HOLIDAY FL
Zip
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USA

4. FEI Number
59-3488055 Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **WILLIAM G. ROBINSON**

Street Address (P.O. Box Number is Not Acceptable)
4041 BADEN DR.

City **HOLIDAY FL** Zip Code **34691**

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 **William G. Robinson** **PRESIDENT WILLIAM G. ROBINSON** **4/15/02**
Signature, typed or printed name of registered agent and title if applicable. (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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
PRESIDENT/V/S/T
WILLIAM G. ROBINSON
4041 BADEN DR.
HOLIDAY, FL 34691

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **William G. Robinson** **WILLIAM G. ROBINSON** **4/15/02** **(727)858-2930**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)