

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014946

1. Entity Name
MASTERCASE, INC.



Principal Place of Business
673 SW CARTER AVE.
PORT ST. LUCIE FL 34983

Mailing Address
825 TILTON ROAD
PORT ST. LUCIE FL 34952

FILED 01-16-2003 90081 011 ***150.00

Amended Report

6-23-03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0828470

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWIEZY, STAN L
825 TILTON ROAD
PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent

Name

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

City

03
FL
TALLAHASSEE
SECRETARY OF STATE
DATE

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, and I, the undersigned, 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

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 D ☐ Delete
NAME SWIEZY, STAN L
STREET ADDRESS 825 TILTON ROAD
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE D ☐ Delete
NAME SWIEZY, AMY S
STREET ADDRESS 825 TILTON ROAD
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addit
NAME 500021407345
STREET ADDRESS 07/09/03--01011--005 ***61.25
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addit
NAME Marvel, Brian S.
STREET ADDRESS 1931 SW Brisbane St.
CITY-ST-ZIP Port St. Lucie, FL 34984

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

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

TITLE ☐ Change ☐ Addit
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

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