

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90062 022 ***150.00

DOCUMENT # P98000030341

1. Entity Name
MAST, INC.

Principal Place of Business

17650 OAK CREEK ROAD
ALVA FL 33920

Mailing Address

17650 OAK CREEK ROAD
ALVA FL 33920

2. Principal Place of Business

284 JUSTENE CIRCLE
 Suite, Apt. #, etc.

3. Mailing Address

284 JUSTENE CIRCLE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LEHIGH ACRES FL
 Zip **33936** Country **LEE**

City & State

LEHIGH ACRES FL
 Zip **33936** Country **LEE**

4. FEI Number

65-0826038

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, JR., THOMAS J ESQ.
1401 KIMDALE STREET
LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent

Name **DENNIS J HAST**
Street Address (P.O. Box Number is Not Acceptable)
284 JUSTENE CIRCLE
City **LEHIGH ACRES** **FL** **Zip Code** **33936**

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

Dennis J. Hast President

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-02

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	HAST, DENNIS	
STREET ADDRESS	17650 OAK CR RD	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAST, DEBORAH	
STREET ADDRESS	17650 OAK CR RD	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	S	<input type="checkbox"/> Delete
NAME	WENRICH, RON	
STREET ADDRESS	414 8TH AVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis J. Hast President

1-11-02 944-369-6970

Date

Daytime Phone #

CR2E034 (9/01)