

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 02, 2002 8:00 am
Secretary of State

09-16-2002 90099 028 ***550.00

DOCUMENT # P98000091807

1. Entity Name

FATHER & TWO SONS, INC.

Principal Place of Business

2421 S. Glenco
U.S.B. FLA 32168

Mailing Address

2421 S. Glenco
U.S.B. FLA 32168

2. Principal Place of Business

2421 S. Glenco
 Suite, Apt. #, etc.

3. Mailing Address

2421 S. Glenco
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

New Smyrna Beach, FL

City & State

New Smyrna Beach, FL

4. FEI Number

59-3542172

Applied For

Not Applicable

Zip

32168

Country

Zip

32168

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MASON, JAMES

2421 S. Glenco
U.S.B. FLA 32168

7. Name and Address of New Registered Agent

Name

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

2421 S. Glenco

New Smyrna Beach

FL 32168

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	DP	<input type="checkbox"/> Delete
NAME	MASON, JAMES	
STREET ADDRESS	114 S. CORY DR.	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	V	<input type="checkbox"/> Delete
NAME	MASON, BRIAN	
STREET ADDRESS	2931 WOODLAND DR.	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	T	<input type="checkbox"/> Delete
NAME	MEDIA, ROBERT	
STREET ADDRESS	1047 CEDAR ST	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, JAMES	
STREET ADDRESS	2421 S. Glenco	
CITY-ST-ZIP	U.S.B. FL 32168	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian Mason	
STREET ADDRESS	3230 Sable Palm	
CITY-ST-ZIP	EDGEWATER FLA 32141	
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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-02 386-428-5737

Date

Daytime Phone #

JAMES H. MASON

James H. Mason

CR2E034 (4/02)