

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90104 010 \*\*\*150.00

DOCUMENT # **p99000021105** ✓

1. Entity Name

**Florida For Sale By Owner, Com, INC**

Principal Place of Business

Mailing Address

2. Principal Place of Business

**9400 4th St. N**

3. Mailing Address

**9400 4th St. N**

Suite, Apt. #, etc.

**Ste 209**

Suite, Apt. #, etc.

**Ste. 209**

City & State

**St. Petersburg FL**

City & State

**St. Petersburg FL**

Zip

**33702**

Country

**USA**

Zip

**33702**

Country

**USA**

4. FEI Number

**59-3561362**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**Accounting and Tax Help  
8668 PARK BLVD Suite A  
Seminole, FL 33777**

7. Name and Address of New Registered Agent

Name  
**DAVID A. MASO**

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

**9400 4th St. N**

**Ste 209**

City  
**St. Petersburg**

**FL**

Zip Code  
**33702**

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.

**DAVID A. MASO President**

(NOTE: Registered Agent signature required when reinstating)

**5-17-00**

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 \$150.00**

**After MAY 1, 2000 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	<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	
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	<b>President</b>
STREET ADDRESS	<b>DAVID A. MASO</b>
CITY-ST-ZIP	<b>5700 Escondido Blvd #603</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V.D.</b>
STREET ADDRESS	<b>Peter Chircouris</b>
CITY-ST-ZIP	<b>10137 Yacht Club Dr</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Treasure Island FL 33706</b>
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID A. MASO**

**5-17-00**

Date

**727-388-7653**

Daytime Phone #

CR20034 (9/99)