

**FILED**  
**Jul 15, 2003 8:00 am**  
**Secretary of State**

0119793 AT

DOCUMENT #

P99000028035

1. Entity Name

M.A.S. SOLUTIONS, INC.

07-15-2003 90022 016 \*\*\*150.00

Secretary of State

Principal Place of Business

2360 STERLING WAY

ORANGE PARK FL 32073

Mailing Address

2360 STERLING WAY

ORANGE PARK FL 32073

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

STREEBING, MICHAEL A

2360 STERLING WAY

ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A STREEBING

7-13-03

904-477-6746

Attachment

90143069  
#990000078035

**M.A.S.SOLUTIONS, INC.**

2360 Sterling Way  
Orange Park, FL 32003  
(904) 477-6746

July 13, 2003

Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Enclosed please find a check for 150.00 along with the proper forms.

I am requesting that the late fee to be waived. I did not receive the prior notice for the 2003 Uniform Business Report. The missed notification could be due to the change in the zip code. I would like to request that you change my zip to "32003". To eliminate this problem again, I have added the reminder into my computer and will anxiously await your email notification system.

Thank you very much for your understanding in this matter.

Sincerely,



Michael A. Streebing  
President