

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90116 030 ***150.00

DOCUMENT # P99000059750

1. Entity Name
MASTER CONTROL ENTERPRISES, INC.

Principal Place of Business

**1339 ST TROPEZ CIRCLE
 SUITE 306
 WESTON FL 33326**

Mailing Address

**1339 ST TROPEZ CIRCLE
 SUITE 306
 WESTON FL 33326**

2. Principal Place of Business

27 Toledo Ct

Suite, Apt. #, etc.

3. Mailing Address

27 Toledo Ct

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

DAVIE FL

4. FEI Number

65-0931841

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILLINGHAM, TOM
 1339 ST TROPEZ CIR
 SUITE 306
 WESTON FL 33326**

7. Name and Address of New Registered Agent

**TOM WILLINGHAM
 Street Address (P.O. Box Number is Not Acceptable)
 27 Toledo Ct
 City DAVIE FL Zip Code 33324**

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]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-02

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
NAME WILLINGHAM, TOM
STREET ADDRESS 1339 ST TROPEZ CIRCLE
CITY-ST-ZIP WESTON FL 33326

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME TOM WILLINGHAM
STREET ADDRESS 27 Toledo Ct
CITY-ST-ZIP DAVIE FL 33324
President

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

4-28-02

CR2E034 (9/01)