

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90110 048 ***150.00

DOCUMENT # P99000070284

1. Entity Name
AS GOOD AS NEW, INC.



Principal Place of Business
**2830 FORSYTH RD # 448
WINTER PARK FL 32792**

Mailing Address
**924 RIVECON AVE
ORLANDO FL 32825**



2. Principal Place of Business
6843 N CITRUS AVE

3. Mailing Address
6843 N CITRUS AVE

Suite, Apt. #, etc.
Bldg 2, UNIT 1

Suite, Apt. #, etc.
Bldg 2 UNIT 1

City & State
CRYSTAL RIVER, FL

City & State
CRYSTAL RIVER FL

Zip
34428

Country
USA

Zip
34428

Country
USA

4. FEI Number **59-3592038**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MASON JR, STEPHEN
924 RIVECON AVE.
ORLANDO FL 32825**

7. Name and Address of New Registered Agent

Name **MASON JR STEPHEN**

Street Address (P.O. Box Number is Not Acceptable)
37 S LINCOLN AVE

City **BEVERLY HILLS**

FL

Zip Code **34465**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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 **D** ☐ Delete
NAME **MASON, STEPHEN JR**
STREET ADDRESS **924 RIVECON AVE**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **D** ☐ Delete
NAME **MASON, TINA A**
STREET ADDRESS **924 RIVECON AVE**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **MASON, STEPHEN JR**
STREET ADDRESS **37 S LINCOLN AVE**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE **D** ☒ Change ☐ Addition
NAME **TINA MASON A**
STREET ADDRESS **37 S LINCOLN AVE**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)