

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089255

1. Entity Name
MASTRIANNI & ASSOCIATES, INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90089 020 ***150.00

Principal Place of Business
10151 DEERWOOD PARK BLVD. BLVD 200 STE 250
JACKSONVILLE FL 32256

Mailing Address
10151 DEERWOOD PARK BLVD. BLVD 200 STE 250
JACKSONVILLE FL 32256

A0071871



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13500 Sutton Park Dr. South
Suite, Apt. #, etc.
Suite 802

3. Mailing Address
13500 Sutton Park Dr. South
Suite, Apt. #, etc.
Suite 802

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-3623741

Applied For
Not Applicable

Zip
32224

Country

Zip
32224

Country

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

6. Name and Address of Current Registered Agent

DELVECCHIO, JAMES P
10151 DEERWOOD PARK BLVD. BLVD 200 STE 250
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name
James P. DelVecchio
Street Address (P.O. Box Number is Not Acceptable)
13500 Sutton Park Dr. South Suite 802
City
Jacksonville FL Zip Code
32224

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

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 \$650.00 150.00
After SEPTEMBER 13, 2000 Min. 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 NAME STREET ADDRESS CITY-ST-ZIP	DPS DELVECCHIO, DONNA MARIE 10151 DEERWOOD PARK BLVD. BLVD 200 STE 250 JACKSONVILLE FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT DELVECCHIO, JAMES P 10151 DEERWOOD PARK BLVD. BLVD 200 STE 250 JACKSONVILLE FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Donna Marie DelVecchio <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13500 Sutton Park Dr. South Suite 802 Jacksonville, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT James P. DelVecchio <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13500 Sutton Park Dr. South Suite 802 Jacksonville, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 8/1/00 Daytime Phone # 912-222-4525

CR2E034 (5/00)

a Hachment

13500 Sutton Park Dr. South
Suite 802
Jacksonville, Fl. 32224
912-222-4525

Doc #99000089255

A0071871

Mastrianni & Associates, Inc.

July 26, 2000

Florida Dept. of State
Department of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314

RE: Fee for 2000 Uniform Business Report

Dear Sir or Madam:

I called this office 7/24/00 to advise them that I have received a UBR form in the amount of 550.00 and that I did not understand why it was so high. The clerk explained it was a second notice and I replied I had never received the first notice. I was instructed to write this letter and include a check for \$150.00 with the form. Please find my check enclosed as well as a change of address.

Sincerely,

Donna Mastrianni - DelVecchio

Donna M. DelVecchio
President