

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093658

1. Entity Name

MASSART, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90019 034 \*\*\*150.00

Principal Place of Business

16343 62ND RD. NORTH  
LOXAHATCHIE FL 34770

Mailing Address

16343 62ND RD. NORTH  
LOXAHATCHIE FL 33470-3311

2. Principal Place of Business

HOME 16343 62 ROAD N. LOXAHATCHIE  
16343 62 RD. N.  
Suite, Apt. #, etc.  
LOXAHATCHIE FL.

3. Mailing Address

SAME  
Suite, Apt. #, etc.

City & State

33470 PALM Bch.

City & State

Zip

Country

Country

4. FEI Number

65-0965768

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

OTFINOSKI  
OTFINOSKI, PETER  
16343 62ND RD. NORTH  
LOXAHATCHIE FL 34770

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.

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 \$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	PTD	<input type="checkbox"/> Delete
NAME	OTFINOSKI, PETER	
STREET ADDRESS	16343 62ND RD. NORTH	
CITY-ST-ZIP	LOXAHATCHIE FL 34770	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	OTFINOSKI, MARIA C	
STREET ADDRESS	16343 62ND RD. NORTH	
CITY-ST-ZIP	LOXAHATCHIE FL 34770	
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	
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	
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:

*Peter Otfinoski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99

Date

561-790  
5994

Daytime Phone #

CR2E034 (9/99)