2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111644

1. Entity Name

MASTCAR, INC.

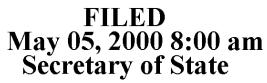
Principal Place of Business

Mailing Address

9401 TAMIAMI TRAIL NORTH NAPLES FL 34108

9401 TAMIAMI TRAIL NORTH NAPLES FL 34108

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	



05-05-2000 90003 006 ***150.00



						L 10051001 100 \$8410 10613 04111 60511 008101 11					
2. Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State			DO NOT WRITE IN THIS SPACE						
					4.	FEI Number 52–2135093	Applied For Not Applicable				
Zip	Country	Zip Cour		try	5.	Certificate of Status Desired		\$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent			7.	Name and Address of New Registe	ered Ag	ent			
				Name							
GROVER, STEVEN K 868 99TH AVENUE NORTH SUITE 1 NAPLES FL 34108			Street Address (P.O. Box Number is Not Acceptable)								
				City	y FL Zip Code						
SIGNATURE	named entity submits this statement for statement statement for statemen			ed office or regi			DATE				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEI After MAY 1, 2000 Fei Make Check Payable to I			00 Fee	will be \$550.0		Election Campaign Financin Trust Fund Contribution.	9 🗆		0 May Be		
11.	OFFICERS AND	DIRECTORS	12.		AI	DDITIONS/CHANGES TO OFFICERS	S AND (DIRECTOR	S IN 11		
ITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D Richard Mast, Jr. 3309 Timberwood Cir Naples, Florida 34	□ Delete Cle 105		1				Change	☐ Addition		
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	T, S Delete IIII Patricia L. Mast 3309 Timberwood Circle			1				☐ Change	☐ Addition		
TITLE VAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			· -			□ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition		
TITLE		☐ Delete	TITL	E	-			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 at other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Mast, Jr., Pres. April 29, 2000

941-596-1668

Daytime Phone #