

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90003 038 ***550.00

DOCUMENT # S25844

1. Entity Name

MASB, INC.

Principal Place of Business

Mailing Address

**11380 6TH STREET EAST
TREASURE ISLE FL 33706**

**11380 6TH STREET EAST
TREASURE ISLE FL 33706-1429
US**

2. Principal Place of Business

8820 - Gulf Blvd.

Suite, Apt. #, etc.

3. Mailing Address

8820 - Gulf Blvd.

Suite, Apt. #, etc.

City & State

St. Pete Bch, Fla.

City & State

St. Pete Bch, Fla.

Zip

33706

Country

USA

Zip

33706

Country

USA

4. FEI Number

59-3047627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**APONE, SANDRA MARIE BATTAGLIA
11380 6TH STREET EAST
TREASURE ISLAND FL 33706**

Name

Sandra Marie Battaglia

Street Address (P.O. Box Number is Not Acceptable)

8820 - Gulf Blvd.

City

St. Pete Bch,

FL

Zip Code

33706

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

Sandra M. Battaglia, Pres. Sandra M. Battaglia

5-4-00

Signature, typed or printed name of registered agent and date 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PSTD
APONE, SANDRA MARIE B
11380 6TH STREET EAST
TREASURE ISLAND FL 33706**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PSTD
Sandra Marie Battaglia
8820 - Gulf Blvd.
St. Pete Bch, Fla 33706**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ 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:

Sandra M. Battaglia, Pres. Sandra M. Battaglia

5/4/00

727-367-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2253

CR2E034 (9/99)