## 2002 Uniform Business Report (UBR)

SIGNATURE;

DOCUI 1. Entity Name MASB, IN		4			Secretary of State 04-01-2002 90155 034 ***150.00		
Principal Place of Business Mailing Address			<del>. ·</del>				
8820 GULF BLVD. SAINT PETERSBURG BEACH FL 33706 US		8820 GULF BLVD. SAINT PETERSBURG BEACH FL 33706 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	FEI Number		
Zip	Country	Zip	Country	5.	Certificate of Status Desired   \$8.75 Additional Fee Required	al	
	6. Name and Address of Current F	Registered Agent		7.	Name and Address of New Registered Agent		
APONE, SANDRA MARIE BATTAGLIA 11380 6TH STREET EAST TREASURE ISLAND FL 33706			Street Ac	Street Address (P.O. Box Number is Not Acceptable)  8820 - Gul & Blvd.			
<u> </u>			City 🗸	City St. Petersburg Beach, FL 233706			
Tax filing r	Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)			00 50.00 t of State	10. Election Campaign Financing Trust Fund Contribution.   \$5.00 M Added to F	ees	
11.	OFFICERS AND I	DIRECTORS	12.		DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD APONE, SANDRA MARIE B 8820 GULF BLVD. SAINT PETERSBURG BEACH FL	□ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	PSTD Sando 8820 St.f	ra Marie Battaglia Minange D - Gulf Bird. Petersburg Beach, Fl. 33706	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Addition	
13. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attack iment with an addless	this filing does not qualify for the true and accurate and that my pered to execute the report as the all other like expowered.	ne exemption stat signature shall he required by Cha	ed in Section ave the same opter 507, Flo	n 119.07(3)(i), Florida Statutes. I further certify that the inform e legal effect as if made under oath; that I am an officer or distributes; and that my name appears in Block 11 or Block	nation irector ok 12 if	