

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90055 033 ***150.00

DOCUMENT # 453484

1. Entity Name

RICH MASONRY CONTRACTORS, INCORPORATED

Principal Place of Business

Mailing Address

5775 STEWART AVE
 PORT ORANGE FL 32127

5775 STEWART AVE
 PORT ORANGE FL 32127-4703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1542063**

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

~~VOGES, WILLIAM J.
 525 FENTRESS BLVD
 DAYTONA BCH. FL 32114~~

Name William J Voges

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

275 Clyde Morris Blvd

City Ormond Beach

FL

Zip Code

32174

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PD**
 RICH, PHILLIP RANDALL
 STREET ADDRESS **305 SAGEWOOD DR.**
 CITY-ST-ZIP **PORT ORANGE FL**

TITLE Change Addition
 NAME **5771 Steward Ave**
 STREET ADDRESS **Port Orange, FL**
 CITY-ST-ZIP **32127**

TITLE Delete
 NAME **ST**
 RICH, BARBARA
 STREET ADDRESS **5775 STEWART AVE.**
 CITY-ST-ZIP **PORT ORANGE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V**
 RICH, MICHAEL E.
 STREET ADDRESS **2185 ROBINHOOD RD.**
 CITY-ST-ZIP **S. DAYTONA FL**

TITLE Change Addition
 NAME **873 Whiporwill Dr**
 STREET ADDRESS **Port Orange, FL**
 CITY-ST-ZIP **32127**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: Michael Rich **Michael Rich** 2-21-00 904-767-7026
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C13E034 (9/99)