

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90016 003 \*\*\*150.00

**DOCUMENT # G42020**

1. Entity Name  
**L. M. T. MASONRY OF JACKSONVILLE, INC.**

Principal Place of Business 7965 COUNTY ROAD 16A SAINT AUGUSTINE FL 32092 US	Mailing Address 7965 COUNTY ROAD 16A SAINT AUGUSTINE FL 32092 US
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**C0032897**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2334722</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>CRAWFORD, DAVID</b> 7965 COUNTY RD 16A SAINT AUGUSTINE FL 32092				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, DAVID		NAME		
STREET ADDRESS	7965 COUNTY RD 16A		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE FL 32092		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, KAREN F.		NAME		
STREET ADDRESS	7965 COUNTY ROAD 16A		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32211		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *X Karen Crawford* Karen Crawford X 3/01/01 X 904-363 4916  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)