2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State
02-17-2003 90330 030 ***150.00

DOCUMENT # K39484

1. Entity Name
BEACH MASONIZING, INC.

Principal Place of Business	Mailing Address
% JOHN DELLA PIA 11535 88TH AVE. NORTH SEMINOLE FL 34642	% JOHN DELLA PIA 11535 88TH AVE. NORTH SEMINOLE FL 34642

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	P.O. Box 8371
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Madeira Beach, FL
Zip / Country	Zip: 33738-8371 / Country

4. FEI Number 59-2916712 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PIA, JOHN DELLA
11535 88TH AVE. NORTH
SEMINOLE FL 34642

7. Name and Address of New Registered Agent

Name: JOHN A. DELLA PIA
Street Address (P.O. Box Number is Not Acceptable): 11716 - 89TH AVENUE N
City: SEMINOLE **FL** Zip Code: 33772

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ JOHN A. DELLA PIA 1/20/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PIA, JOHN DELLA 11535 88TH AVE. NORTH SEMINOLE FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DELLAPIA, JOHN A. 11716-89TH AVE. NO. SEMINOLE FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED JOHN A. DELLA PIA 1/20/03 727-395-0023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #