## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P01000116589 1. Entity Name THE BRICKSTONE MASONRY CORPORATION

**FILED** Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90124 005 \*\*\*150.00

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Principal Place of Business 1116 BRADENTON ROAD DAYTONA FL 32114		Mailing Address 1116 BRADENTON ROAD DAYTONA FL 32114			1184   1184 BUILD BUILD BUILD   1814   184	
2. Principal Place of Business		3. Mailing Address		- 		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MA	KING CHANGES	
City & State		City & State			4, FELNumber 59-376061 57-3765618	8 Applied For Not Applicable
Zip	Country	Zip	Countr	у ===	5. Certificate of Status Desired	¢9.75
	6. Name and Address of Curren	<u>_i</u>	<del></del>		7. Name and Address of New Registe	
THANASIU, TODD 1116 BRADENTON ROAD DAYTONA FL 32114				Name Street Address (P.O. Box Number is Not Acceptable)		
				City		FL Zip Code
	named entity submits this statement lions of registered agent.	for the purpose of changi	ing its registered	d office or registe	red agent, or both, in the State of Florida.	am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered ager	nt and title it applicable.	(NOTE: Registered	Agent signature require	d when reinstating)	DATE
, ,	ILE 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.	9 \$5.00 May Be Added to Fees
10.	OFFICERS ANI	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THANASIU, TODD 1116 BRADENTON ROAD DAYTONA FL 32114	Delete	NAME	ADDRESS 1-1+6	- LASILL, Todd BRADERION PD HONG BEACH FL 321	☐ Change ★Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TESCHNER, LESTER 1116 BRADENTON ROAD DAYTONA FL 32114	Delete	NAME	ADDRESS /OL	5D THEW W RICHARDS B YORK WAY DRANGE FL 32129	☐ Change 🗖 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, JOSEPH 1116 BRADENTON ROAD DAYTONA FL 32114	□ Delete	NAME	ADORESS ST-ZIP	,	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME	ADORESS		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET	ADDRESS		☐ Change ☐ Addition

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:** 

CITY-ST-ZIP