2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 19, 2001 8:00 am DOCUMENT # P96000037881 **Secretary of State** J & L MASONRY, INC. 03-19-2001 90443 048 ***150.00 Principal Place of Business Mailing Address 1321 CORAL REEF AVE 1321 CORAL REEF AVE PALM BAY FL 32907 PALM BAY FL 32907 บร US 2. Principal Place of Business 3. Mailing Addres 1980 MATTESON AR. NE 1980 MATTISON DR. NE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3386988 BAY. PALM PALM BAY, FL Not Applicable Country BREVARD \$8.75 Additional 5. Certificate of Status Desired 32905 BREVARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LONG, JAMES T Street Address (P.O. Box Number is Not Acceptable) 1321 CORAL REEF AVE PALM BAY FL 32907 City PALM BAY 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PRESIDENT TITLE Delete TITLE LONG, JAMES T NAME NAME 1980 MATTIGON DR. NE 3580 CHEVELLE DRIVE STREET ADDRESS STREET ADDRESS PALM BAY, FL 32905 CITY-ST-ZIP MELBOURNE FL 32904 CITY-ST-ZIP TITLE ☐ Delete TITLE LONG, CHARLES R NAME NAME 400 W. RUTGERS AVENUE 1321 CORAL REEF AVE. STREET ADDRESS STREET ADDRESS MELBOURNE FL 32904 CITY-ST-7IP PALM BAY, FL 32907 CITY-ST-ZIP SEC. / TRES. TITLE ☐ Delete TITLE ☐ Addition LONG, SUZANNE:M... NAME. NAME 1980 MATTESON DR. NE 3580 CHEVELLE DRIVE STREET ADDRESS STREET ADDRESS PALM BAY, FL 32905 MELBOURNE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE C Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #