

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2003 8:00 am**  
**Secretary of State**

08-29-2003 90089 042 \*\*\*550.00

**DOCUMENT # P99000010642**



1. Entity Name  
**SEMINOLE MASONRY, INC.**

Principal Place of Business  
**950 N CENTRAL AVENUE  
STE 3  
OVIEDO FL 32765**

Mailing Address  
**950 N CENTRAL AVENUE  
STE 3  
OVIEDO FL 32765**



2. Principal Place of Business  
**1726 W. BROADWAY ST.**  
Suite, Apt. #, etc.

3. Mailing Address  
**1726 W. BROADWAY ST.**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**OVIEDO FL**

City & State  
**OVIEDO FL**

4. FEI Number **59-3567153** Applied For  
Not Applicable

Zip Country  
**32765 U.S.**

Zip Country  
**32765 U.S.**

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**

**HODGES, JAMES H  
STE 3 950 CENTRAL AVE  
OVIEDO FL 32765**

Name  
**JAMES HODGES**  
Street Address (P.O. Box Number is Not Acceptable)  
**1726 W. BROADWAY STREET**  
City  
**OVIEDO** FL Zip Code  
**32765**

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: *[Signature]* DATE: **8-26-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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	<b>DP HODGES, JAMES H 107 LILLIE POND POINT CHULUOTA FL 32766</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD HODGES, MAGIE 107 LILLIE POND POINT CHULUOTA FL 32766</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JAMES HODGES 850 SEMINOLE WOODS BLVD. GENEVA, FL 32732</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MAGIE HODGES 850 SEMINOLE WOODS BLVD. GENEVA, FL 32732</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* DATE: **8-26-03** 407-971-2464  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)