


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90121 046 ***150.00

DOCUMENT # P990000017200
1. Entity Name
American Masonry, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11093 49th Street N.
Suite, Apt. #, etc.

3. Mailing Address
11093 49th Street N.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0897468 Applied For Not Applicable

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

City & State Royal Palm Beach, FL City & State Royal Palm Beach, FL
Zip 33411 Country Palm Beach Zip 33411 Country Palm Beach

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Patrick Weems
Street Address (P.O. Box Number is Not Acceptable)
11093 49th Street N.
City Royal Palm Beach FL Zip Code 33411

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 | | | |
|--|--|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <u>President Patrick Weems 11093 49th Street N. Royal Palm Beach, FL 33411</u> | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Patrick Weems 4/25/03 561-386-7332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #