

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
 04-26-2000 90212 005 ***150.00

DOCUMENT # 224627

1. Entity Name

SUPERIOR MASONRY INC

Principal Place of Business

P.O. BOX 49671
 SARASOTA FL 34230-6671

Mailing Address

P.O. BOX 49671
 SARASOTA FL 34230-6671

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 49671

City & State

SARASOTA

Zip 34230

Country SARASOTA

Suite, Apt. #, etc.

P.O. Box 49671

City & State

SARASOTA FLA.

Zip 34230

Country SARASOTA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0871095

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ILLA M. CHAPMAN
 3450 DOVER ST.
 SARASOTA FL 34520 34235

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
 NAME CLOUSE, CHARLES B.
 STREET ADDRESS 4329 LOST FOREST LANE
 CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE PT
 NAME ILLA M. CHAPMAN
 STREET ADDRESS 3450 DOVER ST.
 CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE S
 NAME AZEVEDO, JACQUELINE L.
 STREET ADDRESS 3450 DOVER ST.
 CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE VP
 NAME WILLIAMS, DOUGLAS C.
 STREET ADDRESS 8897 MIDNIGHT PASS RD
 CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-17-2000
 941-953-4030

CR2E034 (9/99)