

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 12, 2001 8:00 am**
Secretary of State

02-12-2001 90249 001 ***150.00

DOCUMENT # P98000047805**1. Entity Name**
ANGUS MASONRY, INC.**Principal Place of Business****1613 NW 11TH PLACE**
FORT LAUDERDALE FL 33311**Mailing Address****1613 NW 11TH PLACE**
FORT LAUDERDALE FL 33311**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0841641**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****NOFIL & NOFIL, P.A.**
3284 NORTH STATE ROAD 7
LAUDERDALE LAKES FL 33319**7. Name and Address of New Registered Agent**Name **ANGUS ANTHONY**

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

1613 NW 11TH PLACECity **FORT LAUDERDALE** **FL** Zip Code **33311****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 *X Anthony Angus*

(NOTE: Registered Agent signature required when reinstating)

DATE

2-8-01**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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** **PSTD** ☐ Delete
NAME **ANGUS, ANTHONY**
STREET ADDRESS **1613 NW 11TH PLACE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33311****TITLE** ☐ Delete
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CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP**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:** *X Anthony Angus*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-8-01 **(954) 524-8710**

CR2E034 (10/00)