

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

FILED

03 NOV -5 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000047805**

1. Entity Name

**ANGUS MASONRY, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1613 NW 11 PLACE**

Suite, Apt. #, etc.

3. Mailing Address

**1613 N.W. 11TH PLACE**

Suite, Apt. #, etc.

**REINSTATEMENT**

03

City & State

**FORT LAUDERDALE, FL.**

City & State

**FORT LAUDERDALE, FL.**

4. FEI Number

**65-0841641**

Applied For

Not Applicable

Zip

**33311**

Country

**USA**

Zip

**33311**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**ANGUS ANTHONY**

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

**1613 N.W. 11TH PLACE**

City

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Angus**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**10/31/03**

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

**851 ANTHONY ANGUS**  
**1613 N.W. 11 PLACE**  
**FORT LAUDERDALE, FL. 33311**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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**400024457124**  
**11/05/03--01067--005 \*\*150.00**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

**Angus**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10/31/03**

CR2E034B (12/02)

**ANGUS MASONRY, INC.  
1613 NW 11<sup>TH</sup> PLACE  
FORT LAUDERDALE, FL 33311**

October 31<sup>st</sup>, 2003

Division of Corporations  
Annual Report Section  
P.O. Box 6327  
Tallahassee, FL 32314

REF: Angus Masonry, Inc.  
Document#: P98000047805

Dear Sir or Madam:

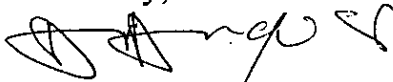
Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,



ANGUS ANTHONY

AA/re