

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90225 036 ***150.00

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1. Entity Name
MC GEE MASONRY, INC.

Principal Place of Business
**850 NORTH 61ST AVENUE
PENSACOLA FL 32506**

Mailing Address
**850 NORTH 61ST AVENUE
PENSACOLA FL 32506**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-1408373**
Applied For
Not Applicable

City & State

Zip Country Zip Country

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

**MC GEE, ROY H
850 NORTH 61ST AVENUE
PENSACOLA FL 32506**

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	MC GEE, ROY H	
STREET ADDRESS	850 N. 61ST AVENUE	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MC GEE ROY D	
STREET ADDRESS	850 N 61ST AVENUE	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MC GEE, RUBY	
STREET ADDRESS	850 N. 61ST AVENUE	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MC GEE, RUBY	
STREET ADDRESS	850 N. 61ST AVENUE	
CITY - ST - ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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]* **SIGNATURE REQUIRED** **2-12-03** **850 456 8833**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)