## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 12, 2000 8:00 am Secretary of State **DOCUMENT # 517227** 1. Entity Name COCOA MASONRY OF PINELLAS COUNTY. INC. 01-12-2000 90066 002 \*\*\*150.00 Principal Place of Business Mailing Address 5055 ULMERTON RD. 5055 ULMERTON RD. CLEARWATER FL 33760-4002 CLEARWATER FL 33760 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-1696351 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAUL, JAMES T. Street Address (P.O. Box Number is Not Acceptable) 5055 ULMERTON RD. **CLEARWATER FL 34620** Zip Code City 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD ☐ Delete TITLE ☐ Change Addition TITLE PAUL, JAMES T. NAME NAME STREET ADDRESS STREET ADDRESS 5055 ULMERTON RD. CITY-ST-ZIP CITY-ST-7IP CLEARWATER FL ☐ Change Addition TITLE TITLE ☐ Delete CROFT, HAROLD L. NAME NAME STREET ADDRESS STREET ADDRESS 5055 ULMERTON RD. CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE RUSSELL, JAMES D. NAME NAME STREET ADDRESS STREET ADDRESS 5055 ULMERTON RD. CITY-ST-ZIP **CLEARWATER FL** CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE PAUL, JASON A NAME STREET ADDRESS STREET ADDRESS 5055 ULMERTON ROAD CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Delete Change Addition TITLE PAUL, BRENDA S NAME NAME STREET ADDRESS STREET ADDRESS 5055 ULMERTON RD. CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33760 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7/P

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Preside

-4-2000 727-573-3717

Daytime Phone #