

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 517227

1. Entity Name
COCOA MASONRY OF PINELLAS COUNTY, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90074 016 ***150.00

Principal Place of Business

5055 ULMERTON RD.
CLEARWATER FL 33760
US

Mailing Address

5055 ULMERTON RD.
CLEARWATER FL 33760
US

610435



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13630 50th Way N
Suite, Apt. #, etc.

3. Mailing Address

13630 50th Way N
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1696351

Applied For

Not Applicable

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

PAUL, JAMES T.
5055 ULMERTON RD.
CLEARWATER FL 34620

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PAUL, JAMES T.
STREET ADDRESS 5055 ULMERTON RD.
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE
NAME
STREET ADDRESS 13630 50th Way N.
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VD
NAME CROFT, HAROLD L.
STREET ADDRESS 5055 ULMERTON RD.
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE
NAME
STREET ADDRESS 13630 50th Way N.
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE S
NAME RUSSELL, JAMES D.
STREET ADDRESS 5055 ULMERTON RD.
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE
NAME
STREET ADDRESS 13630 50th Way N.
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE T
NAME PAUL, JASON A
STREET ADDRESS 5055 ULMERTON ROAD
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE V/T
NAME JASON A. PAUL
STREET ADDRESS 13630 50th Way N.
CITY-ST-ZIP CLEARWATER, FL 33760 ☒ Change ☐ Addition

TITLE S
NAME PAUL, BRENDA S
STREET ADDRESS 5055 ULMERTON RD.
CITY-ST-ZIP CLEARWATER FL 33760 ☐ Delete

TITLE
NAME
STREET ADDRESS 13630 50th Way N.
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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

1-16-01 727-573-3717
Date Daytime Phone #

CR2E034 (10/00)