FILE Mar 31, 200 Secretary

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2D 02 8:00 am	2
of State	,

1. Entity Nam	ASONRY CONTRACTOR					03-31-200	ary 0 2 90343 031		
Principal Place of Business Mailing Address									
9730 N DAVIS HWY PENSACOLA FL 32514 9730 N DAVIS HWY PENSACOLA FL 32514 PENSACOLA FL 325			730 N DAVIS HWY ENSACOLA FL 32514	14					
2. Principal Place of Business			Mailing Address					111 11111 515 11 1	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State			City, & State			4. FEI Number 59-17720	98		pplied For
Zip Country		<u>-</u>	Zip Country			5. Certificate of Status Desire		\$8.75 Add	ditional
	6. Name and Address of Cu	rrent Regist	tered Agent			7. Name and Address of Ne			
HARRIS, H	ADDV C			Na 	ame				
•	POINT ROAD			Str	reet Address (P.0	O. Box Number is Not Accepta	able)		
MILTON F	L 32583								
				Cit	ty		FL	Zip Cod	le
8. The above	e named entity submits this statem	`			fice or registered		f Florida. DATE		<u> </u>
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. After May 1, 2002 Fee will be \$5 Make Check Payable to Departmen						
Tax filing i	requirement and elects to do so.	_	After May 1, 200	2 Fee will i	be \$550.00	10. Election Campaign Trust Fund Contribu			00 May Be d to Fees
Tax filing i	requirement and elects to do so. ria on back) OFFICERS	_	After May 1, 200 Make Check Payabl	2 Fee will i	be \$550.00		ution.	Added	d to Fees
Tax filing i (See criter	requirement and elects to do so. ria on back)		After May 1, 200 Make Check Payabl	2 Fee will le to Depart	be \$550.00	Trust Fund Contrib	ution.	Added	d to Fees
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Tax filling in (See criteria) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	requirement and elects to do so. ria on back) OFFICERS PD HARRIS, HARRY C. SHIELDS POINT ROAD MILTON FL 32583 PD		After May 1, 200 Make Check Payable CTORS	2 Fee will fe to Depart 12. TITLE NAME STREET ADD CITY-ST-ZI TITLE	be \$550.00 tment of State	Trust Fund Contrib	ution.	DIRECTOR	S IN 11
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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.

2002 Uniform Business Report (UBR)

539242

DOCUMENT #