

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 544949

1. Entity Name

BONAFIDE MASONRY CONTRACTORS, INC.

Principal Place of Business

Mailing Address

4219 HAMMOND DR.  
WINTER HAVEN FL 33880  
US

4219 HAMMOND DR.  
WINTER HAVEN FL 33881-9702  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

00 FEB 24 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE  
1/18/00 900141038 \$150.00

4. FEI Number 59-1938666

Applied For

Not Applied For

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

BAKER, STEPHEN F  
1519 THIRD ST SE  
WINTER HAVEN FL 33880

Name Brandon Rafool

Street Address (P.O. Box Number is Not Acceptable)  
1519 Third Street SE

City Winter Haven

FL

Zip Code 33883-1200

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, 2000 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 VP ☐ Delete  
NAME BENJAMIN, PETER S  
STREET ADDRESS 6612 WINTERSET GARDENS ROAD  
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☐ Change ☐ Delete  
NAME ☐ Change ☐ Delete  
STREET ADDRESS ☐ Change ☐ Delete  
CITY-ST-ZIP ☐ Change ☐ Delete

TITLE S ☐ Delete  
NAME BENJAMIN, PETER S  
STREET ADDRESS 6612 WINTERSET GARDENS ROAD  
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☐ Change ☐ Delete  
NAME ☐ Change ☐ Delete  
STREET ADDRESS ☐ Change ☐ Delete  
CITY-ST-ZIP ☐ Change ☐ Delete

TITLE P ☐ Delete  
NAME BENJAMIN, EDWIN F JR  
STREET ADDRESS 744 SANTA MARIA DR  
CITY-ST-ZIP WINTER HAVEN FL 33884

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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 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

Date

Daytime Phone #

LS