

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90042 008 \*\*\*150.00

**DOCUMENT # 622061**

1. Entity Name  
**JOE BUCCA MASONRY, INC.**

Principal Place of Business <b>3285 LAKE WORTH RD          G          LAKE WORTH FL 33461</b>	Mailing Address <b>3285 LAKE WORTH RD          G          LAKE WORTH FL 33461-3671</b>
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address <b>P.O. Box 540776</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Lake Worth, FL</b>	4. FEI Number <b>59-1907280</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33454-0776</b>	Country <b>U.S.A.</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BUCCA, JOSEPH S.  
 441 GULFSTREAM ROAD  
 PALM SPRINGS FL 33460**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT BUCCA, HELENE R. 441 GULFSTREAM RD PALM SPRINGS FL 33461</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS BUCCA, ROBERT S. 9199 BRANDY LANE LAKE WORTH FL 33467</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert S. Bucca **Robert S. Bucca** 2-10-2000 561-433-3582  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #