

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90374 036 ***150.00

DOCUMENT # 622061

1. Entity Name

JOE BUCCA MASONRY, INC.

Principal Place of Business

3285 LAKE WORTH RD
 LAKE WORTH FL 33461

Mailing Address

P O BOX 540776
 LAKE WORTH FL 33454-0776

2. Principal Place of Business

3923 Lake Worth Rd

3. Mailing Address

Po Box 540776

Suite, Apt. #, etc.

209

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33461

Country

U.S.A.

Zip

33454-0776

Country

U.S.A.

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

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's 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

TITLE	PT	<input type="checkbox"/> Delete
NAME	BUCCA, HELENE R.	
STREET ADDRESS	441 GULFSTREAM RD	
CITY-ST-ZIP	PALM SPRINGS FL 33461	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	BUCCA, ROBERT S.	
STREET ADDRESS	9199 BRANDY LANE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bucca, Helene	
STREET ADDRESS	441 Gulfstream Rd.	
CITY-ST-ZIP	Palm Springs, FL 33461	
TITLE	P.T.S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bucca, Robert S.	
STREET ADDRESS	9199 Brandy Lane	
CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 4/24/01

(561) 433-3582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)