

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90152 010 \*\*\*150.00

**DOCUMENT # G72767**

1. Entity Name  
**J.C. & SONS MASONRY, INC.**



Principal Place of Business  
**1218 SE 9TH TERR  
CAPE CORAL FL 33990**

Mailing Address  
**1218 SE 9TH TERR  
CAPE CORAL FL 33990**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2344345</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**CRISTANTIELLO, JAMES**  
**828 SW 51ST TERRACE**  
**CAPE CORAL FL 33914**  
*1131 SW 21ST TER  
CAPE CORAL FL  
33981*

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James Cristantiello* **JAMES CRISTANTIELLO**

DATE **3/19/03**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b>	TITLE	
NAME	<b>CRISTANTIELLO, JAMES</b>	NAME	
STREET ADDRESS	<b>828 SW 51ST TERRACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	CITY-ST-ZIP	
TITLE	<b>VP</b>	TITLE	
NAME	<b>CRISTANTIELLO, STEPHAN</b>	NAME	
STREET ADDRESS	<b>716 SW 34ST ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	CITY-ST-ZIP	
TITLE	<b>S</b>	TITLE	
NAME	<b>CRISTANTIELLO, MICHELLE</b>	NAME	
STREET ADDRESS	<b>833 CAPE CORAL PKWY W #4</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James Cristantiello* **JAMES CRISTANTIELLO** **3/19/03** **574-5407**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)