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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # J11156 1. Entity Name H & H MASONRY INC.								Secretary of State 04-14-2003 90061 046 ***158.75			
Principal Place of Business 4701 LONE PINE CT FT MYERS FL 33905 US			Mailing Address 4701 LONE PINE CT FT MYERS FL 33905 US								
2. Principal Place of Business			3. Mailing Address) 1907)110 0793 12801 13001 11001 01110 GI	I GREEN DIENN DIENN DIERR D	1 5 11 U/U/I 1001	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
City & State			City & State			4.	FEI Number 65-0016056		pplied For ot Applicable] ,	
Zip Country			Zip			Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name	and Address of Current	Register	ed Agent			7.	Name and Address of New Regi	stered Agent]
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Hendrix,	EDGAR PH	ILIP				Ctroot Ad	Horana (R.O. Ray Number in Nat Acceptable)			-	
4701 LON	E PINE CT	- "M				Street Au	Street Address (P.O. Box Number is Not Acceptable)				
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						City			FL Zip Cod	е	
8. The above	named entity	v submits this statement fo	r the purr	ose of changing its	registere	ed office or r	egistered ac	gent, or both, in the State of Florida	Lam familiar with	and accept	1
	tions of regist				-9		-9	,			
•		3 · 7									
SIGNATURE.	Signature typed	or printed name of registered agent	and title it an	nlicable (NOTE	Renistere	d Agent signature	required when t	ainstation)	DATE		
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After	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	State					Election Campaign Finance Trust Fund Contribution.		0 May Be to Fees	
10.		OFFICERS AND	DIRECTO	DRS	11.			DDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11	┨.
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12. Thereby 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ST HENDRI

4/11/03

239-694-140

Daytime Phone #