

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J12739**

1. Entity Name

RUSTY'S MASONRY, INC.**FILED**
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90067 042 ***150.00

Principal Place of Business C/O RUSSELL U. SNEDEKER, JR. 7295 W. MATADOR LANE HOMOSASSA FL 34446 US	Mailing Address C/O RUSSELL U. SNEDEKER, JR. 7295 W. MATADOR LANE HOMOSASSA FL 34446-1733 US
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00019359



DO NOT WRITE IN THIS SPACE

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 59-2681534		<input type="checkbox"/> 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**SNEDEKER, RUSSELL U. JR.**
7295 W. MATADOR LANE
HOMOSASSA FL 34446**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.

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 State10. 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	CPD	TITLE	
NAME	SNEDEKER, RUSSELL U., JR.	NAME	
STREET ADDRESS	7295 W MATADOR LANE	STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	SNEDEKER, LINDA	NAME	
STREET ADDRESS	7295 W MATADOR LANE	STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Linda Snedeker

352-628-5651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #