

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J26870

1. Entity Name

H & L MASONRY, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90098 032 \*\*\*150.00

Principal Place of Business

P.O. BOX 1213  
 INVERNESS FL 34451

Mailing Address

P.O. BOX 1213  
 INVERNESS FL 34451-1213

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2721814**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LYVERS, DONNA L.  
 2717 HWY 44 W.  
 INVERNESS FL 34450

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 State**

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

11. OFFICERS AND DIRECTORS

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | C                           | <input type="checkbox"/> Delete |
| NAME           | HICKS, CLINT                |                                 |
| STREET ADDRESS | 4449 S. OLD FLORAL CITY RD. |                                 |
| CITY-ST-ZIP    | INVERNESS FL 34450          |                                 |
| TITLE          | VTD                         | <input type="checkbox"/> Delete |
| NAME           | HICKS, DEANDRA              |                                 |
| STREET ADDRESS | 4449 S. OLD FLORAL CITY RD. |                                 |
| CITY-ST-ZIP    | INVERNESS FL 34450          |                                 |
| 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    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |
|----------------|--|
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |
| STREET ADDRESS | 4395 S. Old Floral City Rd   |
| CITY-ST-ZIP    | Inverness, FL 34450  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS | 4395 S. Old Floral City Rd   |
| CITY-ST-ZIP    | Inverness, FL 34450  |
| 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:

*Deandra Hicks* Deandra Hicks  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-24-00

Daytime Phone #

352-637-  
 6200

CR2E034 (9/99)