

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90182 008 ***150.00

DOCUMENT # 577168

1. Entity Name
Best Masonry + Construction, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3300 S. Congress Ave

Suite, Apt. #, etc.
#17

3. Mailing Address
3300 S. Congress Ave

Suite, Apt. #, etc.
#17

City & State
Boynton Bch FL

Zip
33426 Country
USA

4. FEI Number
65 0048266

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Francis Zofay

Street Address (P.O. Box Number is Not Acceptable)
3300 S Congress Ave #17

City
Boynton Bch **FL** Zip Code
33426

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-02-03

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ☒ (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>DPG</u> <u>Francis Zofay</u> <u>3300 S Congress Ave #17</u> <u>Boynton Bch FL 33426</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DT</u> <u>James Hill</u> <u>3300 S Congress Ave #17</u> <u>Boynton Bch FL 33426</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-02-03 561-436-3732

Date

Daytime Phone #

CR2034B (12/01)