## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 27, 2002 8:00 am Secretary of State DOCUMENT # K96950 1. Entity Name 01-27-2002 90006 048 \*\*\*150 00 MARION MASONRY MATERIALS, INC. Principal Place of Business Mailing Address % DIANNE L. MIMS % DIANNE L. MIMS 3855 N E 35TH ST. 3855 N E 35TH ST. OCALA FL 34479 OCALA FL 34479 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2958641 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MIMS, DIANNE L. Street Address (P.O. Box Number is Not Acceptable) 3855 N.E. 35TH ST. OCALA FL 34479 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE ☐ Delete TITLE Change NAME MIMS, DIANNE L. NAME STREET ADDRESS 3855 N.E. 35TH ST. STREET ADDRESS CITY-ST-ZIP OCALA FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition DP NAME MIMS, RONALD A. STREET ADDRESS STREET ADDRESS 3855 NE 35TH ST. CITY-ST-ZIP CITY-ST-ZIP OCALA FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS: CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/02

352629.90

Daytime Phone #

FILED