## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

Mailing Address

% DIANNE L MIMS

## K96950 DOCUMENT #

1. Entity Name

Principal Place of Business

% DIANNE L. MIMS

MARION MASONRY MATERIALS, INC.



## **FILED** Jan 06, 2003 8:00 am Secretary of State 01-06-2003 90028 002 \*\*\*150.00

60000443

3855 N E 35TI OCALA FL 344 US 2. Principal Pl Suite, Apt.	179 ace of Busin	ess	OCAL US 3. Mail	3855 N E 35TH ST. OCALA FL 34479 US  3. Mailing Address  Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State				City & State				A FELANISHOP				
ony a state								59-29	958641		<u> </u>	: Applicable
Zip Country				Zip Country		5.	Certificate of Status [	Desired		8.75 Addi ee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
MIMS, DIANNE L. 3855 N.E. 35TH ST. OCALA FL 34479						Name Street Address (P.O. Box Number is Not Acceptable)						
•						City				FL	Zip Code	
the obligati SIGNATURE _	ons of regist	ered agent.				Led office or re		gent, or both, in the Si	ate of Florida	. I am fa	miliar with, a	ind accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						a Aguit Signatur		9. Election Cam Trust Fund Co	ontribution.	ing	Added	May Be to Fees
10.	OFFICERS AND DIRECTORS				11.		A	DDITIONS/CHANGES	S TO OFFICE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MIMS, DIA 3855 N.E. OCALA FL	35TH ST.		☐ Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Mims, RO 3855 NE 3 OCALA FL	STH ST.	•	□ Delete			اس				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		. Delete .							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		_					☐ Change	Addition
TITLE NAME Street address City-St-Zip				☐ Delete						-	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

vature-zeovi) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR