

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State
 04-06-2001 90061 050 ***150.00

DOCUMENT # K97709

1. Entity Name
RJG MASONRY, INC.

Principal Place of Business 4581 WINDSWEEP PINES CT. TEQUESTA FL 33469 US	Mailing Address 4581 WINDSWEEP PINES CT. TEQUESTA FL 33469 US
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B0025951



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 242 VILLAGE BLVD. Suite, Apt. #, etc. # 2205 City & State TEQUESTA, FL. Zip 33469 Country US	3. Mailing Address P.O. BOX 3275 Suite, Apt. #, etc. City & State TEQUESTA, FL. Zip 33469 Country US
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4. FEI Number 65-0134124	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
**GUBER, ROBERT J.
 4581 WINDSWEEP PINES CT.
 TEQUESTA FL 33469**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
242 VILLAGE BLVD. # 2205
 City **TEQUESTA** FL Zip Code **33469**

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 **ROBERT J. GRUBER**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

4-4-01
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DPS GRUBER, ROBERT J. 4581 WINDSWEEP PINES CT. TEQUESTA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRUBER, ROBERT J. 4581 WINDSWEEP PINES CT. TEQUESTA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 242 VILLAGE BLVD. #2205 TEQUESTA, FL. 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 242 VILLAGE BLVD. TEQUESTA, FL. 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **ROBERT J. GRUBER**
(Signature and typed or printed name of signing officer or director)

4/4/01 (561) 744-7374
Date Daytime Phone #

CR2E034 (10/00)