

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L33909

1. Entity Name

AMERICAN MASONRY OF OCALA, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90222 006 ***150.00

Principal Place of Business

226 N.E. 13TH STREET
OCALA FL 34478
US

Mailing Address

P.O. BOX 6980
OCALA FL 34478
US

2. Principal Place of Business

226 NE 13th Street
Suite, Apt. #, etc.
OCALA, FLORIDA

3. Mailing Address

PO Box 6980
Suite, Apt. #, etc.

City & State

City & State

OCALA, FLORIDA

Zip

Country

34470

MARION

Zip

Country

34478

MARION

6. Name and Address of Current Registered Agent

4. FEI Number 59-2993081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | MCQUAIG, WALTER DONALD J | |
| STREET ADDRESS | 325 SOUTHEAST 52ND COURT | |
| CITY-ST-ZIP | OCALA FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | MCQUAIG, TINA B. | |
| STREET ADDRESS | 325 SOUTHEAST 52ND COURT | |
| CITY-ST-ZIP | OCALA FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)