

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90039 048 \*\*\*150.00

**DOCUMENT # L44766**

1. Entity Name  
U.S. BRICK & BLOCK SYSTEMS, INC.



Principal Place of Business  
941 N STATE ROAD 7  
FORT LAUDERDALE, FL 33317 US

Mailing Address  
941 N STATE ROAD 7  
FORT LAUDERDALE, FL 33317 US

**54013603**



2. Principal Place of Business  
2701 REESE ROAD  
Suite, Apt. #, etc.

3. Mailing Address  
2701 REESE ROAD  
Suite, Apt. #, etc.

02262004 Chg-P CR2E034 (10/03)

City & State  
DAVIE, FLORIDA  
Zip 33314 Country USA

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DAVIE, FLORIDA  
Zip 33314 Country USA

4. FEI Number 65-0168202  
Applied For Not Applicable

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

**6. Name and Address of Current Registered Agent**

BOND, ARTHUR  
941 N STATE ROAD 7  
PLANTATION, FL 33317

**7. Name and Address of New Registered Agent**

Name BOND, ARTHUR

Street Address (P.O. Box Number is Not Acceptable)

2701 REESE ROAD

City DAVIE

FL

Zip Code 33314

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

02/26/04

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE DP  
NAME BOND, ARTHUR  
STREET ADDRESS 941 N STATE ROAD 7  
CITY-ST-ZIP PLANTATION, FL ☐ Delete

TITLE D  
NAME BOND, DAVID  
STREET ADDRESS 941 N STATE ROAD 7  
CITY-ST-ZIP PLANTATION, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE DP  
NAME BOND, ARTHUR ☒ Change ☐ Addition  
STREET ADDRESS 2701 REESE ROAD  
CITY-ST-ZIP DAVIE, FLORIDA 33314

TITLE D  
NAME BOND, DAVID ☒ Change ☐ Addition  
STREET ADDRESS 2701 REESE ROAD  
CITY-ST-ZIP DAVIE, FLORIDA 33314

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/26/04

Date

954-792-0076

Daytime Phone #