## 2000 UNIFORM BUSINESS REPORT (UBR)

L99000000249 DOCUMENT # 00 MAY -4 PH 12: 07 1. Entity Name BRICK & BLOCK MASONRY, L.L.C. SECRETARY OF STATE Principal Place of Business Mailing Address C/O CYNTHIA NELL FISHEL C/O CYNTHIA NELL FISHEL 2311 CLEVELAND HIGHTS BLVD 2311 CLEVELAND HIGHTS BLVD LAKELAND FL 33803 LAKELAND FL 33803 2. Principal Place of Business 3. Mailing Address SHMEAS ABOUE SAME AS ABOUE DO NOT WRITE IN THIS SPACE Suite Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable Country Ζiρ Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required POLK POL K 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOODWIN, JAMES W Street Address (P.O. Box Number is Not Acceptable) 400 NORTH TAMPA STREET, SUITE 2300 TAMPA FL 33602 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. 9. MGR ☐ Change Addition MILE TITLE FISHEL, CYNTHIA NELL MARKE NAME 2311 CLEVELAND HIGHTS BLVD STREET ADDRESS STREET ADDRESS LAKELAND FL 33803 CITY- ST- ZIP CITY- ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE 200003268672; MAME NAME -05/26/00--01<u>081</u>--016 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50**.**00 CITY- 21-710 Addition ☐ Dolete MLE MAME BAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP Delete Addition . TITLE TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST-ZIP ☐ Delete Change Addition TITLE ÂTTLE DAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.