

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90181 001 ***150.00

DOCUMENT # P00000000763

1. Entity Name
KDH MASONRY, INC.



Principal Place of Business
**401 DELAWARE AVE.
ST. CLOUD FL 34769**

Mailing Address
**401 DELAWARE AVE.
ST. CLOUD FL 34769**



2. Principal Place of Business
6010 MARTHA'S LANE
Suite, Apt. #, etc.

3. Mailing Address
6010 MARTHA'S LANE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ST. CLOUD, FL

City & State
ST. CLOUD, FL

4. FEI Number **59-3613681**

Applied For
Not Applicable

Zip **34771** Country **USA**

Zip **34771** Country **USA**

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

6. Name and Address of Current Registered Agent

HOWARD, MARTY
401 DELAWARE AVE.
ST. CLOUD FL 34769

7. Name and Address of New Registered Agent

Name **MARTY HOWARD**
Street Address (P.O. Box Number is Not Acceptable)
6010 MARTHA'S LANE
City **ST. CLOUD** **FL** Zip Code **34771**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **HOWARD, MARTY**
STREET ADDRESS **401 DELAWARE AVE.**
CITY-ST-ZIP **ST. CLOUD FL 34769**

☒ Change ☐ Addition
TITLE **6010 MARTHA'S LANE**
NAME **ST. CLOUD, FL 34771**
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **HOWARD, SONYA**
STREET ADDRESS **401 DELAWARE AVENUE**
CITY-ST-ZIP **SAINT CLOUD FL 34769**

☒ Change ☐ Addition
TITLE **6010 MARTHA'S LANE**
NAME **ST. CLOUD, FL 34771**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: **Sonya A. Howard**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03 **407-514-1450**
Date Daytime Phone #

CR2E034 (10/02)