

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90037 021 \*\*\*150.00

**DOCUMENT # P00000003129**

1. Entity Name

**GEMBOX MASONRY, INC.**

Principal Place of Business

**301 S. EDMON AVENUE  
WINTER SPRINGS FL 32708**

Mailing Address

**301 S. EDMON AVENUE  
WINTER SPRINGS FL 32708**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANDVIK, STEVEN W  
301 S. EDMON AVENUE  
WINTER SPRINGS FL 32708**

Name

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

**745 S. Edgemon Ave  
Winter Springs FL 32708**

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, 2002 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 ☐ Delete  
NAME **P**  
STREET ADDRESS **SANDVIK, STEVEN**  
CITY-ST-ZIP **301 SOUTH EDMON AVENUE  
WINTER SPRINGS FL 32708**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **745 S. Edgemon Ave**  
CITY-ST-ZIP **Winter Springs, FL 32708**

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **OSINGA, RANDALL**  
CITY-ST-ZIP **5 HICKORY CROSSING LANE  
ARGYLE TX 76226**

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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **SANDVIK, MICHELLE**  
CITY-ST-ZIP **301 SOUTH EDMON AVENUE  
WINTER SPRINGS FL 32708**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **745 S. Edgemon Ave**  
CITY-ST-ZIP **Winter Springs, FL 32708**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*Steven Sandvik*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)