

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-10-2003 90021 049 ***150.00

DOCUMENT # P00000003129

1. Entity Name
GEMBOX MASONRY, INC.



Principal Place of Business
745 S. EDMOND AVE.
WINTER SPRINGS FL 32708

Mailing Address
745 S. EDMOND AVE.
WINTER SPRINGS FL 32708

6000000000



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 745 S. EDMON AVE
3. Mailing Address 745 S. EDMON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Springs FL

City & State

Winter Springs FL

Zip

32708

Country

Zip

32708

Country

4. FEI Number 59-3618078

Applied For

☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SANDVIK, STEVEN W
745 S. EDMOND AVE.
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name Sandvik, Steven W

Street Address (P.O. Box Number is Not Acceptable) 745 S. Edgemon Ave

City

Winter Springs

FL

Zip Code

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

SIGNATURE

Steven Sandvik

1-7-03

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SANDVIK, STEVEN
STREET ADDRESS 745 S. EDMOND AVE.
CITY-ST-ZIP WINTER SPRINGS FL 32708

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

TITLE T ☐ Delete
NAME SANDVIK, MICHELLE
STREET ADDRESS 745 S. EDMOND AVE.
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 13910 N. Stemmons
CITY-ST-ZIP Farmers Branch, TX 75234

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Michelle Sandvik* 1-7-03 407-699-9913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)