

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 13, 2002 8:00 am
Secretary of State

05-21-2002 91116 010 ***150.00

DOCUMENT # P00000003688

1. Entity Name

Tightline Masonry Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 53

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 53

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Bostwick, FL

Zip

32007

Country

City & State

Bostwick, FL

Zip

Country

4. FEI Number

59-3618324

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CAROLYN WILLIAMS

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

PO Box 53

164 CAZZIE DR

City

BOSTWICK

FL

Zip Code

32007

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D Williams, Herbert A. P.O. Box 53 Bostwick, FL 32007</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D Williams, Carolyn P.O. Box 53 Bostwick, FL 32007</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN WILLIAMS CAROLYN WILLIAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

386-328-4915

Daytime Phone #

CR2E034B (12/01)