

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 22, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000034154**1. Entity Name  
EAST - WEST MASONRY CONTRACTORS, INC.Principal Place of Business  
2981 10 STREET  
ORLANDO FL 32820  
Mailing Address  
2981 10 STREET  
ORLANDO FL 328202. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country  
3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-3636502**  
Applied For  
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent**HAMILLA MIKE  
6955 HANGING MOSS ROAD STE 106  
ORLANDO FL 32807 US**7. Name and Address of New Registered Agent**Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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 \_\_\_\_\_ **02/22/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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**

TITLE	D	Delete
NAME	STINCHCOMB ANTHONY	<input type="checkbox"/>
STREET ADDRESS	2981 10 STREET	
CITY-ST-ZIP	ORLANDO FL 32820	
NAME	HERNDON BRIAN	<input type="checkbox"/>
STREET ADDRESS	11621 NELLIE OAKS BLVD	
CITY-ST-ZIP	CLERMONT FL 34711	
NAME	LYNN NANCY A	<input type="checkbox"/>
STREET ADDRESS	11621 NELLIE OAKS BLVD	
CITY-ST-ZIP	CLERMONT FL 34711	
NAME	WALKER ROYCE	<input type="checkbox"/>
STREET ADDRESS	2981 10 STREET	
CITY-ST-ZIP	ORLANDO FL 32820	
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	T/D	Change	Addition
NAME	STINCHCOMB ANTHONY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	2981 10 STREET		
CITY-ST-ZIP	ORLANDO FL 32820		
NAME	S/D HERNDON BRIAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	11621 NELLIE OAKS BLVD		
CITY-ST-ZIP	CLERMONT FL 34711		
NAME	V/D LYNN NANCY A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	11621 NELLIE OAKS BLVD		
CITY-ST-ZIP	CLERMONT FL 34711		
NAME	P/D WALKER ROYCE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	2981 10 STREET		
CITY-ST-ZIP	ORLANDO FL 32820		
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
NAME		<input type="checkbox"/>	<input type="checkbox"/>
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: ROYCE A. WALKER**

P/D 02/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)