

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90092 005 ***150.00

DOCUMENT # P00000039205

1. Entity Name
MARK LOKERSON MASONRY CONSTRUCTION, INC.



Principal Place of Business
**906 MALLORY DRIVE
PANAMA CITY FL 32405**

Mailing Address
**906 MALLORY DRIVE
PANAMA CITY FL 32405**

70025146



2. Principal Place of Business

1600 MARINA BAY DR.,

3. Mailing Address

1600 MARINA BAY DR.

Suite, Apt. #, etc.

#303

Suite, Apt. #, etc.

#303

City & State

LYNN HAVEN, FL

City & State

PANAMA CITY, FL

Zip

32444

Country

FL

Zip

32409

Country

FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3649085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOKERSON, MARK
906 MALLORY DRIVE
PANAMA CITY FL 32405**

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. 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

TITLE **P** ☐ Delete
NAME **LOKERSON, MARK**
STREET ADDRESS **906 MALLORY DR**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **T** ☐ Delete
NAME **LOKERSON, GERTRUDE**
STREET ADDRESS **906 MALLORY DR**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **VP** ☒ Delete
NAME **SEEDORF, DENNIS**
STREET ADDRESS **3620 T STREET**
CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE **S** ☐ Delete
NAME **ELLIS, GARY**
STREET ADDRESS **826 NEWYORK AVE**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

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 **PRESIDENT** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECY - TREASURER** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **VICE - PRES.** ☒ 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:

Mark Lokerson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)