

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/2

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90360 028 \*\*\*150.00

**DOCUMENT # P00000060250**

1. Entity Name

**BULLDOG MASONRY, INC.**

Principal Place of Business

2920 C RD.  
LOXAHATCHEE FL 33470

Mailing Address

2920 C RD.  
LOXAHATCHEE FL 33470

**35718**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1015592

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HANCOTTE, DOMINIC**  
**2920 C RD.**  
**LOXAHATCHEE FL 33470**

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

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, 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	President	<input type="checkbox"/> Delete
NAME	Dominic Hancotte	
STREET ADDRESS	2920 C Rd	
CITY-ST-ZIP	Loxahatchee FL 33470	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Margaret Hancotte	
STREET ADDRESS	2920 C Rd	
CITY-ST-ZIP	Loxahatchee FL 33470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Dominic Hancotte	
STREET ADDRESS	2920 C Rd	
CITY-ST-ZIP	Loxahatchee FL 33470	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Margaret Hancotte	
STREET ADDRESS	2920 C Rd	
CITY-ST-ZIP	Loxahatchee FL 33470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-01

Date

Daytime Phone #

CR2E034 (10/00)