

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087919

1. Entity Name

MASON GRAY ENTERPRISES, INC.

Principal Place of Business

6900 STALEY FARMS RD.
FT. MYERS FL 33905

Mailing Address

6900 STALEY FARMS RD.
FT. MYERS FL 33905

2. Principal Place of Business

4812 PALM BEACH BL

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. MYERS FL

City & State

FT. MYERS FL

Zip

33905

Country

USA

Zip

33905

Country

USA

4. FEI Number

65-1041734

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONNEWAY, JACK M
6900 STALEY FARMS RD.
FT. MYERS FL 33905

7. Name and Address of New Registered Agent

ALMA T. BOOMGAARD

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

4812 PALM BEACH BLVD.

City

FT MYERS

FL

Zip Code

33905

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/26/2001

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	PD	Delete <input checked="" type="checkbox"/>
NAME	CONNEWAY, JACK M	
STREET ADDRESS	6900 STALEY FARMS RD.	
CITY-ST-ZIP	FT. MYERS FL 33905	
TITLE	SD	Delete <input checked="" type="checkbox"/>
NAME	DENKHAUS, DONALD G	
STREET ADDRESS	20900 TANGLEWOOD LANE	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	ALMA T. BOOMGAARD	
STREET ADDRESS	4812 PALM BEACH BLVD	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	SD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	PAUL BOOMGAARD	
STREET ADDRESS	4812 PALM BEACH BLVD	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
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]

ALMA T. BOOMGAARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

944 693 4000

Daytime Phone #

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-08-2001 90093 016 ***150.00

32950



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)