2001	UNIFORM BUS	INESS REPO	RT (UBR)					0112690
	1ENT # P0000	0096722						
1. Entity Name	; SON MASONRY AND COM	NCRETE, INC.	س					Ą
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Principal Place	Mailing Address			01 DEC -7 PM	5: 29			
SECTION CHEROKE	POST OFFICE BOX 1943			SECRETARY OF S	ETATE			
KEYSTONE HEI	IGHTS FL 32656 LAWPENC Blvd ·	C KEYSTONE HEIGHTS FL 3	2636				1 4101 CDTL	
2. Principal Pla	ace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. F	59-3690811		ed For applicable	
Zip	Country	Zip	Country	5. 0		8.75 Additio	onal	
6. Name and Address of Current Registered Agent		Registered Agent		7. Name and Address of New Registered Agent				
STEPHENSON, JODY.			Name					
-5630 CHEF	ROKEE STREET 1220 La	wrenceBlu	d Street Addre	ess (P.O. B	lox Number is Not Acceptable)			
KEYSTONE	E HEIGHTS FL 32656							
			City		FL	Zip Code		
8. The above i								
~	named entity submits this statement it	or the purpose of changing its	registered office or reg	gistered ag	ent, or both, in the State of Florida.	ı		
0	named entity submits this statement is	m			10.2	12-10	_	
SIGNATURE	Jam Stade	and title if applicable. (NOTE	: Registered Agent signature re		10.2	12-01		
SIGNATURE	Jam Stade	and title if applicable. (NOTE	: Registered Agent signature re	equired when re	neinstating) DATE 10. Election Campaign Financing	\$5.00		
9. This corpor Tax filing re (See criteri	Signature, typed or finited name of registered open of ration at eligible to satisfy its Intangible equirement and elects to do so.	e FILE NOW! After September 12 Make Check Payab	: Registered Agent signature re I! FEE IS \$550.00 , 2001 Fee will be \$ ile to Department of	equired when re 750.00 State	10. Election Campaign Financing Trust Fund Contribution.	Added to	Fees	
9. This corpor Tax filing re (See criteri	Signature, typed or finited name of registered agent ration as eligible to satisfy its Intangible equirement and elects to do so. ia on back) OFFICERS AND	e FILE NOW! After September 12 Make Check Payab	: Registered Agent signature re !! FEE IS \$550.00 , 2001 Fee will be \$	equired when re 750.00 State	neinstating) DATE 10. Election Campaign Financing	Added to	Fees	(01)
9. This corpor Tax filing re (See criteri	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back) OFFICERS AND PD STEPHENSON, JODY	e FILE NOW! After September 12 Make Check Payab DIRECTORS	If FEE IS \$550.00 , 2001 Fee will be \$100 to Department of the top to Department of the top to Department of the top top the top top top the top	equired when re 750.00 State	10. Election Campaign Financing Trust Fund Contribution.	Added to	Fees N 11	34 (5/01)
9. This corpor Tax filing re (See criteri 11. TITLE NAME STREET ADDRESS	Stockibe, typed or firthed name of registered agent ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back) OFFICERS AND	e FILE NOW! After September 12 Make Check Payab DIRECTORS	If FEE IS \$550.00, 2001 Fee will be \$1e to Department of	equired when re 750.00 State	10. Election Campaign Financing Trust Fund Contribution.	Added to	Fees N 11	RZE034 (5/01)
9. This corpor Tax filing re (See criteri 11. TITLE NAME _STREET.ADDRESS- CITY-ST-ZIP TITLE	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back) OFFICERS AND PD STEPHENSON, JODY POST-OFFICE BOX-1943N// KEYSTONE HEIGHTS FL 32656 STD	e FILE NOW! After September 12 Make Check Payab DIRECTORS	I. FEE IS \$550.00 , 2001 Fee will be \$: le to Department of 12. IIILE NAME - STREET ADDRESS- CITY-ST-ZIP TITLE	equired when re 750.00 State	10. Election Campaign Financing Trust Fund Contribution.	Added to DIRECTORS IN Change	Fees N 11	CR2E034 (5/01)
9. This corpor Tax filing re (See criteri 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Separable, typed or finited name of registered agent ration as eligible to satisfy its Intangible equirement and elects to do so. ia on back) OFFICERS AND PD STEPHENSON, JODY POST. OFFICE BOX.1943	e FILE NOW! After September 12 Make Check Payab DIRECTORS Delete	IFEE IS \$550.00 , 2001 Fee will be \$ ile to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	equired when re 750.00 State	10. Election Campaign Financing Trust Fund Contribution.	Added to DIRECTORS IN Change	N 11 Addition	CR2E034 (5/01)
9. This corpor Tax filing re (See criteri 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back) OFFICERS AND PD STEPHENSON, JODY POST-OFFICE BOX-1943	e FILE NOW! After September 12 Make Check Payab DIRECTORS Delete	I. FEE IS \$550.00 , 2001 Fee will be \$ le to Department of 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	equired when re 750.00 State	10. Election Campaign Financing Trust Fund Contribution.	Added to	Prees N 11 Addition Addition	CR2E034 (5/01)
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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.

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP