

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**  
 04-05-2001 90016 034 \*\*\*158.75

**DOCUMENT #** P00000106722 ✓

1. Entity Name  
 AMERICAN MASONRY ENTERPRISES, INC.

Principal Place of Business  
 268 Canal Blvd.  
 Ponte Vedra Beach, FL  
 32082

Mailing Address  
 268 Canal Blvd.  
 Ponte Vedra Beach, FL  
 32082

2. Principal Place of Business  
 268 Canal Blvd.  
 Suite, Apt. #, etc.

3. Mailing Address  
 268 Canal Blvd.  
 Suite, Apt. #, etc.

City & State  
 Ponte Vedra Beach, FL

City & State  
 Ponte Vedra Beach, FL

Zip Country  
 32082 USA

Zip Country  
 32082 USA

4. FEI Number ☒ Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

B. Thomas Whitefield  
 4040 Woodcock Drive  
 Suite 202  
 Jacksonville, Florida 32207

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. 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 D ☐ Delete  
 NAME Michael A. Pickering  
 STREET ADDRESS 268 Canal Blvd.  
 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE D ☐ Delete  
 NAME Gary D. Pickering  
 STREET ADDRESS 740 Sandy Oak Court  
 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ 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

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director 3/30/01 285-5343  
 Date Daytime Phone #

CR2E034 (11/00)