

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**  
 05-19-2002 90155 048 \*\*\*150.00

**DOCUMENT # P01000023088**

1. Entity Name  
**ATLANTIC STONE MASONRY, INC.**

Principal Place of Business  
**115 PLACE DR  
 NEW SMYRNA BEACH FL 32170**

Mailing Address  
**P O BOX 115  
 NEW SYRNA BEACH FL 32170**

2. Principal Place of Business  
**4062 SWAMP DEER RD**

3. Mailing Address  
**4062 SWAMP DEER RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**NEW SMYRNA BEACH, FL**

City & State  
**NEW SMYRNA BEACH, FL**

Zip  
**32168**

Country  
**VOLUSIA**

Zip  
**32168**

Country  
**VOLUSIA**

4. FEI Number  
**59-3703873**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOUNT, CLYDE E III  
 115 PLACE DR  
 NEW SMYRNA BEACH FL 32170**

Name

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

**4062 SWAMP DEER RD**

City

**NEW SMYRNA BEACH**

**FL**

Zip Code

**32168**

8. If 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 **Clay E. Fount III**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-4-02**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**  
 NAME **FOUNT, CLYDE E III**  
 STREET ADDRESS **P O BOX 115**  
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32170**

☐ Delete

TITLE **PRESIDENT**  
 NAME **CLAY E. FOUNT III**  
 STREET ADDRESS **4062 SWAMP DEER RD**  
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

☒ Change ☐ Addition

TITLE **D**  
 NAME **STONE, CLYDE F**  
 STREET ADDRESS **P O BOX 115**  
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32170**

☒ Delete

TITLE **VICE PRESIDENT**  
 NAME **GLENDA F. PARSONS**  
 STREET ADDRESS **4062 SWAMP DEER RD**  
 CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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☐ Delete

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☐ Change ☐ Addition

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☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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: **Clay E. Fount III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-4-02**

Date

**(386) 428 9424**

Daytime Phone #

CR2E034 (9/01)