

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91163 046 ***150.00

DOCUMENT # P01000039800

1. Entity Name

COY STARNES MASONRY, INC

Principal Place of Business

Mailing Address

*2631 NORTH 72nd WAY
 Hollywood, FL 33024*

001110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1109330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*Coy M. Starnes
 2631 NORTH 72nd WAY
 Hollywood, FL 33024*

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 not part when re-stating)

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, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election to Waive Corporate Income Tax
 Trust Fund Contribution ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>P/D</i>	<input type="checkbox"/> Delete
NAME	<i>Coy M. STARNES</i>	
STREET ADDRESS	<i>2631 N. 72 WAY</i>	
CITY-ST-ZIP	<i>Hollywood, FL 33024</i>	
TITLE	<i>VP/D</i>	<input type="checkbox"/> Delete
NAME	<i>MAYAL GARCIA</i>	
STREET ADDRESS	<i>2631 N. 72 WAY</i>	
CITY-ST-ZIP	<i>Hollywood, FL 33024</i>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

SIGNATURE

Coy M. Starnes

05/21/02

CR20034 (9/01)