

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000068647**

1. Entity Name
ACE MASONRY OF FLORIDA, INC.



FILED
CLERK OF STATE
DIVISION OF CORPORATION

03 SEP -8 PM 1:45

Principal Place of Business
**10631 BROWNING RD
LITHIA FL 33547**

Mailing Address
**PO BOX 528
LITHIA FL 33547**



2. Principal Place of Business

10631 Browning Rd

3. Mailing Address

PO Box 528

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Lithia FL

City & State

Lithia FL

4. FEI Number

59-3735902

Applied For

Not Applicable

Zip

Country

33547

U.S.A.

Zip

33547

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ACEVEDO, SHELLY M
10631 BROWNING RD
LITHIA FL 33547**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Shelly Acevedo, Shelly Acevedo

4/30/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ACEVEDO, SHELLY M**
STREET ADDRESS **10631 BROWNING RD**
CITY-ST-ZIP **LITHIA FL 33547**

TITLE **D** ☐ Delete
NAME **ACEVEDO, JAMES L**
STREET ADDRESS **10631 BROWNING RD**
CITY-ST-ZIP **LITHIA FL 33547**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
NAME **600023177866**
STREET ADDRESS **03/18/03--01073--009 **400.00**
CITY-ST-ZIP

☐ Change ☐ Addition
NAME **600023177866**
STREET ADDRESS **03/18/03--01073--010 **150.00**
CITY-ST-ZIP

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employment.

SIGNATURE:

Shelly Acevedo

Date

4/30/03

Daytime Phone #

376-5583

CP2F034 (1/0/02)