

Amended

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO1000090010			
1. Entity Name RJJ MASONRY, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1766 7TH AVE SW		3. Mailing Address 1766 7TH AVE SW	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State VERO BEACH, FL		City & State VERO BEACH, FL	
Zip 32962	Country	Zip 32962	Country
4. FEI Number 65-1140768		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> Additional <input type="checkbox"/> Not Required	
7. Name and Address of Current Registered Agent			
Name ROBERT JULIAN			
Street Address (P.O. Box Number is Not Acceptable)			
1766 7TH AVE SW			
City VERO BEACH		FL	Zip Code 32962
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 <u>ROBERT JULIAN</u>			
Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when renewing) DATE			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/A ROBERT JULIAN 1766 7TH AVE SW VERO BEACH, FL 32962	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900021279509 07/02/03--01071--016 ##61.25
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE:		ROBERT JULIAN (772) 569 3004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED
 2003 JUN 18 AM 8:50
 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE

CR2E034B (12/02)