2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State
02-21-2003 90163 049 ***150.00

DOCUMENT # P01000093045

1. Entity Name
MASONRY CONTRACTORS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
200 W MIRACLE STRIP PARKWAY, SUITE 602 FT WALTON BEACH FL 32548	200 W MIRACLE STRIP PARKWAY, SUITE 602 FT WALTON BEACH FL 32548

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
450 ST FRANCIS STREET	
Suite, Apt. #, etc.: 2ND FLOOR	Suite, Apt. #, etc.:
City & State: TALLAHASSEE FL	City & State:
Zip: 32301 — Country: LEON	Zip: — Country:

4. FEI Number 59-3754239 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PLASTER, L M
200 W MIRACLE STRIP PARKWAY, SUITE 602
FT WALTON BEACH FL 32548

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PLASTER, L M	
STREET ADDRESS	200 W MIRACLE STRIP PARKWAY, SUITE 602	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	
TITLE	D	☐ Delete
NAME	PLASTER, JO ANN	
STREET ADDRESS	200 W MIRACLE STRIP PARKWAY, SUITE 602	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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 empowered.

SIGNATURE: SIGNATURE REQUIRED Jo Ann Plaster 1-17-03 850/222-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #