

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90731 036 ***550.00

DOCUMENT # P01000097060

1. Entity Name
ADVANCED MASONRY, INC.

Principal Place of Business

~~6051 VIVIAN DR.~~
PENSACOLA FL 32505

Mailing Address

~~6051 VIVIAN DR.~~
PENSACOLA FL 32505

2. Principal Place of Business

3655 Sauflley Field Rd
 Suite, Apt. #, etc.

3. Mailing Address

3655 Sauflley Field Rd
 Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32526

Country

Zip

32526

Country

4. FEI Number

59-3747192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARROTT, VICTOR
5655 SAUFLEY FIELD RD.
PENSACOLA FL 32526

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **PARROTT, VICTOR**
 STREET ADDRESS **5655 SAUFLEY FIELD RD.**
 CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **D** ☒ Delete
 NAME **WILLIS, ALBERT**
 STREET ADDRESS **6951 VIVIAN DR.**
 CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **D** ☒ Delete
 NAME **BRAGG, JESSE**
 STREET ADDRESS **6516 JULIA DR.**
 CITY-ST-ZIP **MILTON FL 32570**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
 NAME **John Gornall**
 STREET ADDRESS **5509 Sunkist Cr.**
 CITY-ST-ZIP **Pace, FL 32571**

TITLE **D** ☐ Change ☒ Addition
 NAME **Charles Simms**
 STREET ADDRESS **526 Benning Dr.**
 CITY-ST-ZIP **Destin, FL 32541**

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

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

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

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)