

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**  
 05-20-2002 90027 041 \*\*\*150.00

**DOCUMENT # P01000102998**

1. Entity Name

**M & C MASONRY MANAGEMENT SERVICES, INC.**

Principal Place of Business

**6226 KRYCUL AVENUE  
 LOT 9  
 RIVERVIEW FL 33569**

Mailing Address

**6226 KRYCUL AVENUE  
 LOT 9  
 RIVERVIEW FL 33569**



2. Principal Place of Business

**11407 Sweet Fern Rd.**

3. Mailing Address

**11407 Sweet Fern Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Riverview, FL**

City & State

**Riverview, FL**

4. FEL Number

**65-1142598**

Applied For

Not Applicable

Zip

**33569**

County

**HILLS**

Zip

**33569**

County

**HILLS**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**KINSEY, MARY C  
 6226 KRYCUL AVENUE  
 LOT 9  
 RIVERVIEW FL 33569**

7. Name and Address of New Registered Agent

Name **Kinsey, Mary C.**

Street Address (P.O. Box Number is Not Acceptable)

**11407 Sweet Fern Rd**

City **Riverview**

**FL**

Zip Code **33569**

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 **Mary Kinsey**

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 **KERSEY, MARY C**  
 STREET ADDRESS **6226 KRYCUL AVENUE, LOT 9**  
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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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

**Mary Kinsey 4-25-02 813-299-7505**

Date

Daytime Phone #

CR2E034 (9/01)