

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90193 041 ***150.00

DOCUMENT # P01000122371

1. Entity Name
M & S MASONRY CONSTRUCTION, INC.

Principal Place of Business

~~PO BOX 807~~
WOODVILLE FL 32362

Mailing Address

~~PO BOX 807~~
WOODVILLE FL 32362

2. Principal Place of Business
P.O. Box 13164

3. Mailing Address
P.O. Box 13164

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee, FL

Zip Country
32317-3164 USA

City & State
Tallahassee, FL

Zip Country
32317-3164 USA

4. FEI Number
80-0016192

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

ARNOLD, MARK
4701 WOODS CREEK RD.
PERRY FL 32347

7. Name and Address of New Registered Agent

Name Mark Arnold
Street Address (P.O. Box Number is Not Acceptable) 103 S. Franklin Blvd Apt. 4
City Tallahassee **FL** **Zip Code** 32301

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/12/2002

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MILLINOR, SHANNON	
STREET ADDRESS	4701 WOODS CREEK RD.	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	VST	<input type="checkbox"/> Delete
NAME	ARNOLD, MARK	
STREET ADDRESS	PO BOX 807	
CITY-ST-ZIP	WOODVILLE FL 32362	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<u>P.O. Box 13164</u>
CITY-ST-ZIP	<u>Tallahassee, FL 32317-3164</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2002

Date

850-556-1358

Daytime Phone #

CR2E034 (9/01)