

FILED
Feb 24, 2003 8:00 am
Secretary of State

01-30-2003 90177 045 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000014530

1. Entity Name
FRED'S MASONRY CO.



Principal Place of Business
775 HILLVIEW DR
ALTAMONTE SPRINGS FL 32714

Mailing Address
775 HILLVIEW DR
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

3. Mailing Address

PO Box 520387

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGWOOD FL

Zip

Country

32752

Country

SEMINOLE

4. FEI Number
04-359 7850

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name SUSAN BEAUDARLANT

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

City LONGWOOD

FL

Zip Code 32750

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 *Susan Beaudarlant* SUSAN BEAUDARLANT

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

(NOTE: Registered Agent signature required when reinstating)

1/24/03

DATE

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 PSTD
NAME RODRIGUEZ, WILFREDO
STREET ADDRESS 775 HILLVIEW DR
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☒ Delete

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME ROLAND J. CARMELICH ☐ Change ☒ Addition
STREET ADDRESS 476 REIDER AVE
CITY-ST-ZIP LONGWOOD FL 32750

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

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

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

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

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

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: *Roland Carmelich* ROLAND CARMELICH pros

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

00010000



☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)