

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91160 028 \*\*\*158.75

**DOCUMENT # P02000046732**

1. Entity Name  
**PAUL'S MASONRY & CONCRETE, INC.**



Principal Place of Business

INDIAN TRAILS SUBVISION

LOT 21

OLD TOWN, FL 32680

Mailing Address

POST OFFICE BOX 1728

OLD TOWN, FL 32680

2. Principal Place of Business

6854 Holly Hill Rd.

Suite, Apt. #, etc.

3. Mailing Address

6854 Holly Hill Rd.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

MELROSE, FLORIDA

City & State

MELROSE, FLORIDA

4. FEI Number

82-0550412

Applied For

Not Applicable

Zip

Country

U.S.A.

Zip

32666

Country

U.S.A.

5. Certificate of Status Desired

☒ - \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANKLIN, TIMOTHY S

225 SOUTH ADAMS STREET

SUITE 200

TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

CHARLIE L. REWAY

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

6854 Holly Hill Rd

City

MELROSE

FL

Zip Code

32666

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: *Charlie L. Reway* - CHARLIE L. REWAY - D.

(NOTE: Registered Agent's signature required when reinstating)

DATE

4-28-03

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 REWAY, CHARLIE L  
STREET ADDRESS INDIAN TRAILS SUBVISION #21  
CITY-ST-ZIP OLD TOWN, FL 32680

TITLE D ☐ Delete  
NAME REWAY, PAUL D  
STREET ADDRESS INDIAN TRAILS SUBVISION #21  
CITY-ST-ZIP OLD TOWN, FL 32680

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME REWAY, CHARLIE L.  
STREET ADDRESS 6854 Holly Hill Rd.  
CITY-ST-ZIP MELROSE, FL 32666

TITLE D ☒ Change ☐ Addition  
NAME REWAY, PAUL D.  
STREET ADDRESS 6854 Holly Hill Rd.  
CITY-ST-ZIP MELROSE, FL 32666

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

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: *Charlie L. Reway* *Charlie L. Reway* 4-28-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352) 475-2885

CR2E034 (10/02)