

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90990 036 ***150.00

DOCUMENT # P02000070919

1. Entity Name

TOP QUALITY MASONRY, INC.



Principal Place of Business
2125 COUVER DR
SARASOTA FL 34231

Mailing Address
2125 COUVER DR
SARASOTA FL 34231



2. Principal Place of Business

1005 Coleman Ave

3. Mailing Address

1005 Coleman Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1005 Coleman Ave

1005 Coleman Ave

City & State

City & State

Sarasota Fla.

Sarasota Fla.

Zip

Country

Zip

Country

34232

USA

34232

Sarasota

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

760701810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVE.
STE. 200
TALLAHASSEE FL 32302

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 D
NAME STOUT, MATTHEW L
STREET ADDRESS 25964 BUFFALO RD
CITY-ST-ZIP EAST ROCHESTER OH 44625

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE STOUT, MATTHEW L
NAME STOUT, MATTHEW L
STREET ADDRESS 1005 Coleman Ave.
CITY-ST-ZIP Sarasota FL 34232

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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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:

Matthew Stout

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-03

Date

Daytime Phone #

371-0170

CR2E034 (10/02)