

Amendment

FILED

03 JUN 20 PM 12:58

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000072058

1. Entity Name
O. L. MASONRY, INC



Principal Place of Business
2620 22 AVE. PE
NAPLES, FL 34120

Mailing Address
PO BOX 22633
HALEAH, FL 33002

500021032605
06/20/03--01040--008 **61.25



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 27-0019581		Applied For Not Applicable	
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GONZALEZ, OVIDIO 2620 22ND AVE NE HALEAH, FL 33012 Naples, FL 34120		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 _____ (NOTE: Registered Agent's signature required when re-registering) DATE _____

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, OVIDIO 743 WEST 43RD PLACE HALEAH, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ruben Leon 2634 14th Ave SE Naples, FL 34117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 6/17/03 239-253-0362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Please

7/6/20