

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90265 026 ***150.00

DOCUMENT # P02000108208

1. Entity Name
DAVID LINGENFELTER MASONRY, INC.



Principal Place of Business
**4995 US HWY 1 NORTH, BLDG. 1, UNIT 202
COCOA FL 32927**

Mailing Address
**P.O. BOX 320852
COCOA BEACH FL 32932-0852**



2. Principal Place of Business

4995 HWY 1

3. Mailing Address

PO BOX 320852

Suite, Apt. #, etc.

North Bldg 1 Unit 202

Suite, Apt. #, etc.

City & State

Cocoa Beach FL

City & State

Cocoa FL

Zip

32927

Country

U.S.A.

Zip

32932-0852

Country

U.S.A.

4. FEI Number

48-1279947

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MILLER, ALLEN
2807-A SARNO RD.
MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

Name **Miller Allen**
Street Address (P.O. Box Number is Not Acceptable)
2807 A SARNO RD.
City **Melbourne** FL Zip Code **32935**

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** ☐ Delete
NAME **LINGENFELTER, DAVID**
STREET ADDRESS **165 TREASURE ST.**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-03 795-2404

CR2E034 (10/02)