

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

DOCUMENT # P02000122508

1. Entity Name
MASTER MASONRY, INC.



FILED

04 APR 13 PH 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**5595 NOVA ROAD
ST. CLOUD FL 34771**

Mailing Address
**5595 NOVA ROAD
ST. CLOUD FL 34771**

2. Principal Place of Business
5595 NOVA ROAD

3. Mailing Address
5595 NOVA RD

City & State
SAINT CLOUD, FL.

City & State
SAINT CLOUD, FL.

Zip
34771

Country
U.S.

4. FEI Number
364513081

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**REYES, ANTHONY A
2046 BOWEN DRIVE
ORLANDO FL 32822**

7. Name and Address of New Registered Agent

Name
Anthony Reyes

Street Address (P.O. Box Number is Not Acceptable)
2046 Bowen Drive

City
Orlando

FL Zip Code
34771

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 _____ DATE **4/7/04**

(NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete REYES, ANTHONY A 2046 BOWEN DRIVE ORLANDO FL 32822	TITLE 700032880507	<input type="checkbox"/> Change <input type="checkbox"/> Addition 04/15/04--01049--010 **150.00
TITLE VP	<input type="checkbox"/> Delete MEYERS, GERALD 5595 NOVA ROAD ST. CLOUD FL 34771	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S/T	<input type="checkbox"/> Delete MEYERS, SYLVIA 1802 FARRIS DRIVE ST. CLOUD FL 34771	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ DATE **4/7/04** DAYTIME PHONE # **407-929-9657**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)