FILED

Second S	DOCUMENT # P92000013299 1. Entity Name TERRY COLLINS MASONRY, INC.				Apr 24, 2002 8:00 am Secretary of State 04-24-2002 90273 030 ***150.00	£2100 CD
Suite, Apt. 6, etc. Suite, Apt. 6, etc. Suite, Apt. 6, etc. DO NOT WRITE IN THIS SPACE	3404 PRUDEN SARASOTA FI	ICE DRIVE	3404 PRUDENCE DRIVCE SARASOTA FL 34235			
Country	2. Principal Place of Business		3. Mailing Address			
Country Country S. Certificate of Status Desired \$8.75 Additional Fee Required Fee Req	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
6. Name and Address of Current Registered Agent COLLINS, TERRY 835 PONDER AVE. SARASOTA FL 34232 City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Portida. SIGNATURE Someway speed or both wire or hopstheed agent are little illicableable. PICIE Registered Agent agreeties Agent agreeties registered agent, or both, in the State of Portida. SIGNATURE Someway speed or both wire or hopstheed agent are little illicableable. PICIE Registered Agent agreeties registered agent, or both, in the State of Portida. SIGNATURE Someway speed or both wire or hopstheed agent are little illicableable. PICIE Registered Agent agreeties registered agent agent with inventionary agent when remarking) OATE FILE NOW!!! FEE IS \$159.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State The NAME SIMET ADDRESS OUT STATE OCILINS, TERRY SARASOTA FL Delete NAME SIMET ADDRESS OUT STATE OCILINS, TERRY SARASOTA FL Delete NAME SIMET ADDRESS OUT STATE OCILINS, TERRY SARASOTA FL Delete TITLE OCILINS TERRY SARASOTA FL Delete NAME SIMET ADDRESS OUT STATE OCITY STATE OCILINS TERRY SIMET ADDRESS OUT STATE OCITY STATE OC	City & State	9	City & State			
COLLINS, TERRY 835 PONDER AVE. SARASOTA FL 34232 6. 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. SIGNATURE 9. This corporation is eligible to satisfy its intangible fraction of projected agent and the if applicable. 9. This corporation is eligible to satisfy its intangible fraction of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangible fraction of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangible fraction of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangible fraction of the purpose of changing its registered after registered agent, or both, in the State of Florida. Interview of the purpose of changing its registered agent, or both, in the State of Florida. Interview of the purpose of changing its registered agent, or both, in the State of Florida. Interview of the purpose of changing its registered agent, or both, in the State of Florida. Interview of the purpose of changing its registered agent, or both, in the State of Florida. Interview of the purpose of changing its registered agent, or both, in the State of Florida. Interview of the purpose of changing its registered agent, or both, in the State of Florida. Interview of the purpose of changing its registered agent, or both, in the State of Florida. Interview of the purpose of changing its registered agent, or both, in the State of Florida. Interview of the purpose of changing its registered agent, or both in the State of Florida. Interview of the purpose of changing its registered agent, or both in the State of Florida. Interview of the purpose of changing its registered agent, or bot	Zip	Country	Zip	Country .	5. Certificate of Status Desired Fee Required	
COLLINS, TERRY 835 PONDER AVE. SARASOTA FL 34232 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. SIGNATURE S		6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent	
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. SIGNATURE SIGNATURE OFFICENS AND DIRECTORS OFFICENS AND DIRECTORS OUTY-ST-2P TITLE NAME SIREET ADDRESS OUTY-ST-2P TITLE NAME SIRET ADDRESS OUTY-ST-2P TITLE NAME SI	COLLING	TERRY			COO De Nacional Alexandria	
SARASOTA FL 34232 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. SIGNATURE Sometime, lived or printed home of registered agent and stell repokable.				Street Address	(P.O. Box Number is Not Acceptable)	
SIGNATURE Systems, upped or printed name of registered agent, or both, in the State of Florida. SIGNATURE Systems, upped or printed name of registered agent and ble if applicable. (NOTE Registered Agent synaption required when rentating) 9. This corporation is elligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 11:						
SIGNATURE Spraker, typed or printed name of regulatered agent and place in applicable. (NOTE: Registered Agent signature required when remainshing) DATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and efacts to do so. (See criteria on back) 10. Election Campaign Financing Trust Fund Contribution. Added to Fees Added to Fees See criteria on back) 11. Corporation of State 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. Corporation of State 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. Corporation of State 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition of State Ad				City	FL Zip Code	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11::	8. The above	named entity submits this statement fo	or the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida.	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11::		ń:				
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11:	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature require	red when reinstating) DATE	
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13. 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, Ath all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE AND TYPEU OR PRIVIED NAME OF SIGNING OFFICER OR DIRECTOR	indicated of the cor changed,	on this report or supplemental report is portation or the receiver or trustee empor or on an attachment with an address.	strue and accurate and that no owered to execute this report the all other like empowered	ny signature snall nave th as required by Chapter 6	e same legal effect as it mage unger oath; that I am an officer of director - I	