

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 03

FILED

03 OCT -9 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P93000033079

1. Entity Name  
**A O B Masonry Inc**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**15508 - 62nd St N**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Clearwater FL**

City & State

4. FEI Number  
**59-3183036**

Applied For  
Not Applicable

Zip  
**33760**

Country  
**U S A**

Zip Country

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Anthony J Bernabei**

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

**15201 George Blvd**

City  
**Clearwater FL 33760**

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.

**Anthony J Bernabei President 10/1/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State**

*Anthony J Bernabei*

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Anthony J Bernabei 15201 George Blvd Clearwater FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres/Treas Keith A Bernabei 15508 - 72nd St N Clearwater FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Richard J Renaud 4837 Harbor Lts Dr N St Petersburg FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800023677148</b> <b>10/09/03--01068--010 **61.25</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *R J Renaud* **R J Renaud Secretary 10/1/03 727-531-5341**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)